



Psychosocial well-being of adolescent victims of sexual violence in eastern Congo

An Verelst

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Proefschrift ingediend tot het behalen van de academische graad
van Doctor in de Pedagogische Wetenschappen

2014

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ISBN 978 90 382 2423 7

Preface

It's a quarter to five when my alarm goes off, waking me up to the dark Congolese morning. Normally I let the sun wake me up at around this time but today I have no minute to spare, since it's not just an ordinary day but 8th of March, the 'International Women's Day'. For women and girls in Congo this is their day, more than any other day. While most say all days are for men, this one is a full 24 hours dedicated to women, organised to let them shine. The early morning continuous while I hurry to get outside of the gate. Bienvenue, my trustworthy moto-taxi driver is already waiting for me in the dawn of Bunia. We have to get going to make sure we don't miss the tailor. As most women (who can afford it) I had myself a dress made for this day, as tradition asks in the same fabric as my C CVS colleagues. And even if it is the eighth time I went to see the tailor this week... who has repeatedly provided me with the same answer 'Maman, ne t'en fais pas, ça sera prête', it is only today that I hope to see my finished dress in his shop (living room). As I stand in front of his mud-built house I look forward to the day to come. As almost every year during the International Women's Day every town or city organizes a 'March for Women' where all women get together, dress up and march through the streets proud to be a woman. Now, the town of Bunia is still quiet, but the excitement has been building up in the previous days. The tailor's wife opens the door as he is still sewing the hem of my dress (knowing that I would come early, since I had called him at least ten times to make sure he didn't forget), while heaps of fabric are scattered around his living room, unfinished with loose threads hanging out.... I fit my almost finished dress and thank him for the marvelous job done. Happy to be sure that mine, as the last dress to be finished for the C CVS team, will now also be part of the celebrations (wearing pants is just not an option on Women's day). When we arrive in the C CVS office it is still very quiet, but the men of C CVS (guards, psychologists, social workers) are gathered outside to discuss the day to come. They were (gently but forcibly) invited to decorate the office and organize a small celebration for all the C CVS women. They were happy to be in charge, running up and down, dedicated to help make it a festive day for all the C CVS women. The girls and women that chose to walk in the March as C CVS started dripping through our gate. As I see the warm atmosphere that unites this C CVS family, I can't help but think back to two years ago, the first day that I arrived in the mysterious East of Congo. I stepped off the smallest plane I had seen in my life with a clear mission – start up a psychosocial support centre for C CVS. Unaware of the administrative nightmare ahead, I started the journey with Nancy, now the coordinator of our centre. We looked

for houses together, talked to everyone in the region doing psychosocial work, learnt the whole labour law by heart, started up an NGO in a web of Congolese administration and corruption, looked for furniture, hired a team of (in hindsight the most amazing) personnel, developed an approach suited for the needs of the population, and so much more. Many sleepless nights, moments where no-one wanted to believe in the success of CCVS later, we are here, as CCVS. A very strong organization that is appreciated and lauded by national and international NGO's, solicited for training and consultancy by government services and UN agencies, and that provides specialized psychosocial support to almost 200 children and their families, group therapy to street children, children in prison, victims of sexual violence, ... and this all tightly linked to a built up network of partners and friends. I couldn't have imagined all the things this amazing team has built up, in only two years, yet today we are here with an organization to be extremely proud of, that has received the gift of trust in the hearts of so many Congolese.

Back to today, since girls and women linked to CCVS are streaming into our decorated gate. Both supporters, liaisons from the community, the cleaning lady, clients, participants of projects and research, all were welcome and so many came. We walked together, in our most beautiful Congolese attire to the assembly point, our dedicated spot in the March. As for now only a small line with only a few groups, since most women's groups are still preparing themselves and the further festivities of the day. As the sun shines bright on our heads we have the time with the CCVS team to talk, laugh and share with the girls and women. I am proud to be with them, today we are not client, not psychologist, today we are girls and women, sharing this country, sharing this beautiful day, sharing the experience of being a woman. They take care of each other in our group of women, while one helps her friend putting on her make-up, the other straightens the braids on her friends head. One of the girls asks me if I want something to put on my arms since my white skin seems so frail in the sunlight. They smile, they are happy. Sometimes I find it disarmingly beautiful how these girls who have endured so much hardship in life still find all this joy and strength to smile, to have fun. Some of them have lost all their family members, have witnessed massacres or suffered from brutal rape bearing the scars up until today. It has sometimes taken my breath away, the incredibly horrible stories they have told me during my research, awful beyond anyone's imagination ... It has sometimes broken my heart ... The last few years, doing research through questionnaires in schools, interviews in small safe rooms, have taught me so much about the hard life many Congolese girls and women live. But today they smile, they are proud to be a girl, proud to march together, for

girls and women in Congo. We talk about the girls that still endure war and its violence today in regions only a few dozens of kilometers from where we are standing, we pray together. Some girls who were involved in a participatory action research organized by C CVS happily tell me how they keep the pictures I printed them (of them or us together) close to their heart, somewhere in the houses, tents or huts they live. One tells me how her family has asked them who the white girl in the picture was, as she smilingly answered 'That is my muzungu' (that is my white person) – because you are our muzungu ... To which the family members apparently responded that she must be worth a lot, if even a white person wants to be in the picture with her. If that is all it takes? The crowd starts to move, and we hear the band starting to play a cheerful Congolese tune. Teeth are showing as all women start to smile, ready to march off to the main square. With the Congolese music as our guide, we march for women and girls in Congo and even all over the world. We walk for girls that have endured the most horrible things in this war-ridden region, we walk for women who fight for the rights of others, we proudly walk for ourselves and all girls and women in Congo

Although the melody of that day will fade, I hope I will never stop walking for girls and women in Congo, who seem so often forgotten by other, by the world, by themselves all those other days of the year. This research project will hopefully provide scientific value in the base of literature on the psychosocial well-being of raped girls in Eastern Congo and other armed conflict. I hope it will also push the march for girls and women in Congo forward, even a little bit.



Acknowledgements

*A single bracelet does not jingle
(African proverb)*

Now it is time to look back on the amazing years that lie behind me and that have provided me with countless opportunities. I must confess that I have been looking forward to writing these acknowledgments, but now feel overwhelmed when looking back on the enormous richness of experiences, knowledge, love and friendship that I have encountered on my journey.

Above all, I am eternally grateful to all the young girls and women that participated in my study. I have been touched by their stories, up to the point that it broke my heart or filled me with enormous joy. But more than that I am moved; moved to fight for their rights and their 'peace of heart'. Because I have learnt one of the most important lessons in my life: That girls all over the world, no matter where they live or what they look like, are girls, longing for love, peace and happiness. And more than anything I hope that this dissertation can contribute to efforts and interventions promoting the well-being of all girls, in Congo or elsewhere. Dear girls, this book is for you. Mes chères filles, comme vous savez, c'est mon honneur de vous connaître, comme vous êtes toutes des filles extraordinaires. Merci pour partager vos histoires avec moi. N'oubliez jamais que vous valez beaucoup! Je resterai toujours 'votre muzungu' et je ne cesserai jamais de vous porter en cœur. Je marche pour vous...

I am indebted to the service of Peace building of the Ministry of Foreign Affairs, Foreign Trade and Development Cooperation for their support in making this research and the work of Centre for Children in Vulnerable Situations in Congo possible. I have had the possibility to see in the past few years how your acknowledgment and effort to build peace in regions like eastern Congo truly changes lives, communities and societies.

I am also very grateful to Prof. dr. Ilse Derluyn and Prof. dr. Eric Broekaert, my supervisor and co-supervisor. Ilse, I will be infinitely grateful for the belief you vested in me a few years ago. Thank you for giving me the opportunity to take up this position and do the research I have been doing. Although it wasn't always easy in Congo, Ilse, you were always there. Thank you for your eternal support, guidance and inspiration on both a scientific, practical and personal level. Thank you very much. Eric, thank you for your academic guidance and

challenging feedback that pushed me to further reflect on the philosophical foundations of my writings.

Thanks also to the members of my guidance committee, Prof. dr. Filip Geerardyn and dr. Sarah Bal. I have felt strongly supported by your guidance and interest in my research. You have inspired me in many ways.

To Geert Van Hove, thank you for your recurring interest in my Congolese stories. Maarten, my gratitude for all the work on the statistical analyses. I know it has been a challenging task, but thanks for your tenacity, support and interest. Thank you so much Erwin for your help and thanks Thomas for taking the time to come to my statistical rescue.

Looking back on all these years I don't know how I would have done it without my colleagues. More than that, I am blessed with very many colleagues that I consider a privilege to know both as colleagues and as amazing people. To my 'refugee colleagues' at Ghent University: Marianne, Ine, Floor, thanks for the supportive messages, valuable insights in my research data, friendship and so many other things. To the colleagues of the Departments of Social Welfare Studies and Orthopedagogics at Ghent University: it has been a pleasure working with you and getting to know some of you much better. A special thanks to Patrick, Tina, Dieter, and Saskia, for helping me with all the practicalities my CCVS RDC project comprised. A warmfelt thank you for Maria, for your belief and support during this last year of my PhD. To my CCVS International colleagues, an ever growing team that consists of the most amazing people and researchers. To Gerrit and Lucia, thank you very much for your belief in me and guidance throughout. A particular thank you goes out to the CCVS colleagues that have been there with me from the beginning: Julia, for your amazing smile and support – not forgetting cheer-me-up frozen yoghurt dates; Sofie for your support and shared enthusiasm on every step of the way; Kathleen, for amazing times and unconditional support in Belgium and Uganda; Isabel, for your kind help and amazing times in La Paz. I wish you all the very best. A special thanks to Julie and Leen for the amazing work they have been doing for the CCVS DRC centre and for the fun times we had working together.

A ma famille Congolaise, warafiki wangu, comment est-ce que je peux vous remercier? Je pourrais écrire plusieurs livres sur les choses qu'on a vécu ensemble. Il n'y existe même pas des mots appropriés pour vous remercier pour le support et l'amour que vous m'avez données les années passées. C'est ma grande fierté d'avoir eu le privilège de développer avec vous notre famille CCVS en visant ensemble le bien-être de tous nos enfants et leurs familles. Pamoja tunaweza. Merci pour le support concernant mes études, merci pour les milliers d'heures de conversation, merci pour les épreuves d'amour. Je

vous porte en cœur, mon cœur qui est maintenant aussi d'une partie Congolaise. Merci Nancy, Julienne, Elson, Michel, Israel, Omer, Roger, Germain, Adé et Bienvenu. Tuko pamoja, et on le restera pour toujours. Que dieu vous bénisse avec toutes vos familles. Tutaonana tena. Aussi aux enfants de CCVS et toutes les familles, merci pour votre confiance et vos remerciements.

I also want to thank all the organizations in Bunia and eastern Congo that vested their faith in CCVS RDC and our activities aiming to promote the well-being of children and youths in the region. A warm hearted thank you in particular for my dear friends at CME. Thank you for the support in setting up CCVS RDC and thank you for the enormous support in the research we undertook together. A special thanks goes out to my dear friend, prof. Kirere and my dearest Rose. You will always be in my prayers. Thank you to all my CME students for their attention in class, help and trust. Besides CME and ISTM I have received enormous support and guidance from countless other organizations throughout my research. Thanks to the MONUSCO, UNICEF, UNOCHA, Trust Fund for Victims and Aude in particular, Invisible Children and their remarkable staff both in Congo as Uganda, and all the ICC partners. Keep on doing the great work you are doing!

I am also very grateful to all the people I have had the privilege to know and love in Uganda. Thank you Els for your eternal support, hospitality and friendship. I have enjoyed every moment staying at your house with Maya and Lara, Johan, Scovia. Thanks also to my good old friends from Northern Uganda! James, Ben, thanks for always being there. Roscoe, Jenifer, Evelyn, Patrick and Denis, you made my stays in Uganda very enjoyable, perfect for charging my batteries. Susan and Paska, thanks for your never-ending prayers. Kenneth and Patrick, thank you for the countless hours in the car with me, sorry for all the times I fell asleep exhausted from the Congo trips when you were telling the most interesting stories.

Of all the things I have been extremely lucky enough to receive from the time I have been working in Central Africa, Lieve, Pitou, Marius & Louise, you must be one of the most precious. The past years I have been so lucky to become part of your family, who has now become also mine. Thank you for all the amazing moments together, thank you for believing in me, thank you for being there for me through thick and thin across geographical borders, thank you for the ceaseless inspiring enthusiasm. No words suffice to express my eternal gratitude and friendship. Aksante sana, my dear brothers and sisters, I will see you soon. Also a heartfelt thank you to the sweetest couple ever, Agnes & Jean. Thank you for opening up your house and arms for me during

this last writing period. Thank you for the safe and peaceful haven you provided, thanks to the whole family.

To my dearest friends, who I have missed so much during all the months I have stayed abroad but who have never ceased to send me their support and love. Thank you so much for being there. I love you all and look forward to spending a lot more time together. A special thank you Sofie and Els for being there when times were good, or a little less, I could have never managed this without you. Thanks to my family, my nieces and nephews, and especially my dearest grandmother for her support and everlasting belief in me and my work in Congo. Thanks also to my sweetest new Hemelsoet family, who makes me feel welcome, supported and loved in everything I do, thanks Jon & Katleen, Didier, Henri & Greetje. Thanks to Kathleen & Juliette for providing me with much needed breaks and fun during these writing-times. Thanks to all the friends, family and others that have helped CCVS RDC and me work in Congo through their material, financial and moral support.

To my international family, to whom I owe my love for the world. Especially my dearest friends for life in the Mina-Gina-Erika houses, thanks for making Congo with you my home, and making me regret for the first time that my name didn't end with -ina. Thanks for the smiles and unconditional support, the sisterly love, the cooking classes and the ever-present belief in what I was doing. Merci beaucoup. To all my other friends in my Bunia family, Sami, Brian, Peter, Diego, Area, Amanuel and so many others, thanks for the good times, the rides, providing me with a roof over my head. Thanks Dan for the support and the good advice. You are all amazing people whom I feel grateful to know. I wish you all the happiness in the world.

To my Anke, my dearest Anke. I could write you a book on how I am grateful for your support during the last years – and long before that of course. But more than that I am thankful and immensely proud to call you my friend. I am very honest to say that I couldn't have done this without you. Thanks for all the practical support, thank you for the daily text messages cheering me on, thanks for listening to me for hours, thank you for the funny emails, they have helped me through the bad times and lifted me up during the great ones. Thank you for a thousand things more. Thanks also to Dominique for everything you have done for me, visits to Uganda and supporting your wife in supporting me. Dear Anke, thanks for being my amazing best friend.

My parents, thanks for providing me with the best upbringing I could have ever wished for. Thanks for raising me the way you did. Thanks for supporting me unconditionally and enabling me to take a million leaps of faith, fighting for what I believe in. Thank you for your financial, material, practical, loving support to CCVS RDC and my colleagues who now see you as

'leurs parents Belges'. Thanks to my amazing brother for so many things! Thank for listening me whine fuelled by Congolese frustrations, thanks for making me smile, thanks for helping me and the CCVS RDC team with all our statistical, writing, technical, practical problems. Thanks bro, for being the best bro ever.

My dearest Elias, Mi Amor, I am grateful with all my heart for the love we have. Your daily emails to the other side of the world made my Congolese days even sunnier. Thanks you for your support and patience during these last months which have not always been easy. Thanks for your loving help, and your sweet ways to cheer me up. Your ideas and support inspire me to be better, in who I am and want to be. I look forward to discover our/the world with you... and everything else that is invisible to the eye.

In eternal gratitude,

With love from Congo,

An



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Chapter One

General Introduction



Abstract

This introduction sets the scene for this dissertation which investigates the psychosocial well-being of victims of sexual in the war-affected region of eastern Congo. In this introduction, we want to delineate the theoretical frameworks comprising the foundations of three studies. Firstly, this chapter will provide an introduction to contemporary forms of warfare in which human rights abuses against civilians are widespread. In particular we shall focus on sexual violence against civilians in situations of armed conflict. Secondly, we argue for a broader approach to sexual violence in armed conflict, which goes beyond the predominant discourses. Within the range of observed sequelae of sexual violence in warring settings, the chapter will further outline the psychological consequences and its associated factors. Hereby, we are inspired by the theoretical framework of Campbell, Dworkin and Cabral (2009), an ecological model on the mental health outcomes of sexual violence. This model seeks to identify different factors in the multiple layers of the social environment that could influence mental health in victims of sexual violence. Subsequently, as this dissertation strongly underwrites the needs to investigate sexual violence embedded in a contextual reality, the warring context of eastern Congo is depicted. In particular we shall recount the infamous 'war within the war' terrorizing the eastern regions of Congo, where mainly women and girls are targeted through sexual violence. The hiatus in the existing body of literature on psychological sequelae of sexual violence in eastern Congo provides a strong base for the problem statement and research questions of this dissertation. A theoretical and methodological framework that inspired the studies, embedded in the mission of the inter-university collaboration Centre for Children in Vulnerable Situations, is further outlined. Consequently, the study design of the three studies comprising the empirical base of this study is elucidated.

1.1 Sexual violence in contemporary warfare

In order to study the impact of armed conflict and sexual violence in a warring context as eastern Congo, a deeper understanding of tendencies of contemporary warfare is incumbent. The tactics of contemporary warfare have drastically changed, pushing the boundaries of our understanding of armed conflict and the impact it bears on civilians.

1.1.1 *Contemporary warfare*

While war and armed conflict have consistently hurt civilians, contemporary strategies of warfare – or so-called ‘complex political emergencies’ (Goodhand & Hulme, 1999) – victimize civilians more than ever before (UNDP, 1994). These complex political emergencies have been increasingly observed since World War II, and have induced a clear shift from conflicts between state parties to wars within states. Complex political emergencies are complex processes, often without a clear beginning or end, and without clearly identifiable causes (Goodhand & Hulme, 1999). In the pursuit of power or scarce resources, often in a context of debilitated state structures and crumbling legitimacy and state authority, complex military, political, and economic interests and dynamics are at play (e.g., Goodhand & Hulme, 1999; Pedersen, 2002).

As a deliberate tactic of complex political emergencies, warring factions are extending the frontline from between armed factions to civilians and their futures (Hoffman, 2004). Complex political emergencies have a devastating effect on the lives of civilians, as they are the chief victims of both state parties and non-state armed groups (ICRC, 2012). As such, over 90% of the casualties of contemporary conflicts are civilians and observed human rights violations are myriad. Recurrent attacks against civilians and, destruction of infrastructure and goods indispensable to their survival are reported (ICRC, 2012). A variety of stringent tactics are employed to instill fear and enforce compliance in civilians (Vargas, 2009). This devastating impact of contemporary warfare on people’s lives is illustrated by the staggering increases in the numbers of refugees worldwide due to conflict and violence (Norwegian Refugee Council & Internal Displacement Monitoring Center, 2014), inducing massive streams of refugees over and within national borders.

Furthermore, current armed conflicts cloud the disparity between victims and perpetrators, between civilians and military. Participation or allegiance with ethnically, politically or religiously inspired groups are sometimes

ineluctable to ensure survival or are enforced through the use of harshly compelling techniques of warfare (Baines, 2009; Kaufman, 2006; Miller & Rasco, 2004; Vargas, 2009). The primary victims of complex political emergencies are women and children, comprising 80% of all war casualties (UNICEF, 2006; Williams et al., 2008). Children and youths in particular have suffered tremendously in recent conflicts, with reports of millions of them that have been killed, others orphaned, injured, separated from their families and raped (Machel, 2001; UNICEF, 2006).

Children and adolescents are also more and more implicated in contemporary conflict (Goodhand & Hulme, 1999; Machel, 2001). As a particular case, almost 250,000 children are estimated to be involved in child soldiering worldwide (Coalition to Stop the Use of Child Soldiers, 2008). The complex societal warring context that renders children more vulnerable for recruitment (Somasundaram, 2002) attributes to the inscription of children in warring factions. Children are thus both directly and indirectly impacted by armed conflict and its consequences, from malnutrition, illness and infections, to destruction of infrastructure, separation or loss of kin, displacement, poverty, etc. (Albertyn, Bickler, van As, Millar, & Rode, 2003; Betancourt & Kahn, 2008; Kienzler, 2008; Pedersen, 2002). These consequences also last far beyond the time of armed conflict in the complex post-conflict situations.

Considering the vulnerability of children and young people in and after armed conflict, since some years, more scientific studies and reports have called for further investigating of and dedication to the complex intertwined factors contributing to the psychosocial well-being of war-affected children (e.g., Boothby, 2008; Miller & Rasmussen, 2010).

1.1.2 Rape as a weapon of war

A tactic of contemporary warfare that has heightened attention of the international community (Leatherman, 2011; Peterman, Palermo, & Bredenkamp, 2011) is sexual violence, a strategically used weapon of warfare in numerous conflicts through history (Bartels, VanRooyen, Leaning, Scott, & Kelly, 2010; Harvard Humanitarian Initiative, 2009; Human Rights Watch, 2000; Rittner & Roth, 2012; Wood, 2006). Wartime rape has been described in the great wars like World War II, up till recent conflicts, such as the wars in the Balkans, Bangladesh, Rwanda, Cambodia, Liberia, Sierra Leone, Sudan, Somalia, Vietnam, Rwanda and Democratic Republic of the Congo (Allen, 1996; Amnesty International, 2000; Bartels et al., 2010a; Chang, 1997; Erikson-Baaz & Stern, 2009; Gingerich & Leaning, 2004; Human Rights Watch, 2000, 2002, 2005; Jewkes, Sen, & Garcia-Moreno, 2002; Leatherman,

2011; Ramsbotham & Woodhouse, 1999; Swiss et al., 1998; Swiss & Giller, 1993; Thomas & Ralph, 1999; Thursen, 2001; Weitsman, 2008).

Sexual violence in warring situations is globally recognized and has led to the adoption of nine resolutions¹ by the United Nations Security Council since 2000 (Rittner & Roth, 2012), aiming to prevent sexual violence and its negative consequences in situations of war. The UN has increasingly communicated on sexual violence in armed conflicts, describing rape as a *'weapon of warfare, a tactic of war to humiliate, dominate, instill fear in, disperse and/or forcibly relocate civilian members of a community or ethnic group'* (UN Security Council, Resolution 1820, introduction). Nordstrom (1991, p.4) describes rape as a weapon of terror-warfare that is *"not exclusively an attack on the body- it is an attack on the 'body-politic'. Its goal is not to maim or kill one person but to control an entire socio-political process by crippling it. It is an attack directed equally against personal identity and cultural integrity"*.

From a means to violently demonstrate power or victory (Munala, 2007; Rittner, 2012) or a way to instill fear (Kuhlken, 2012), rape has been used in numerous conflicts throughout the world. In countries like Sierra Leone, Mozambique, or Rwanda, girls or women have been held in detention by armed groups using them as sex slaves or 'forced wives' (Truth and Reconciliation Commission of Sierra Leone, 2004; Human Rights Watch, 1996; Thompson, 1999). Also in Rwanda or the Former Yugoslavia, rape was strategically used as a weapon of genocide or ethnic cleansing, through raping, destroying, and impregnating women (Human Rights Watch, 2000; Leatherman, 2011; Neuffer, 2002). Also, as a deliberate tool to killing, maiming (Human Rights Watch, 1996) or spreading diseases (De Brouwer & Ka Hon Chu, 2009), sexual violence has been adopted by armed groups in times of war. During the Rwandan genocide for instance, rape was used by men who were often aware they carried HIV/AIDS. The often violent ways in which sexual violence is used by armed groups, through for example the use of sharp objects like swords, sticks, bottles or knives, or sometimes even the use of sexual torture through the amputation of breasts or vaginas, all attain to the goal of pervasively injuring and maiming women (Human Rights Watch, 1996). Further, in some conflicts like in the Democratic Republic of the Congo, sexual violence by militias or military originates in mystical

¹ For example Resolution 1820 (2008) sets forward the aim to end sexual violence and impunity, and therefore calls for an end to widespread conflict-related sexual violence and for accountability in order to end impunity. Resolution 1888 (2009) focuses on strengthening leadership, expertise and other institutional capacities within the United Nations, and hereby seeks to put an end to conflict-related sexual violence.

explanatory frameworks which informs soldiers to rape - often very young - girls and women to get magical powers or to be cured from HIV/AIDS (Pisik, 2009). As well, in various armed conflicts, different accounts refer that the acts of sexual violence in armed conflict do not only target the sexual virtue of an individual woman, but that these carry an inherent intention to harm the women's community or social network (Human Rights Watch, 1996). With this intention to destroy the social fabric of entire communities, sexual violence is used with a deliberate cruelty (Kuhlken, 2012).

These aforementioned goals of sexual violence during armed conflict are mainly framed in a seemingly consistent discourse on the strategic use of 'rape as a weapon of war'. The explanatory frameworks shining through the 'rape as a weapon of war'-discourse have been informed by different theoretical approaches. Existing theories on conflict-related sexual violence are mainly inspired by, amongst others, feminist theory, theories on gender and militarization and structuralism (Erikson, Baaz & Stern, 2013). The three following, and most common, theories on sexual violence in war are inspired by different theoretical approaches, which have informed the predominant discourse on wartime rape, based on basic assumptions on gender and militarization. While other theoretical approaches might shed light on the discourse of wartime rape, the hereunder discussed are the most commonly cited in literature on wartime sexual violence.

Firstly, essentialist theories build on the basic presumption that rape during times of war is 'natural'. Since men are subject to their own sexual drive, the extreme and disorganized conditions of war create the prerequisites to give in to this natural drive. This theory, linked to the 'sexed subject' described by Erikson Baaz & Stern (2013), necessarily sees the man as sole perpetrator and the woman as victim void of agency, freedom and autonomy (Leatherman, 2011).

A second theoretical approach to sexual violence in armed conflict is structuralistic in nature and brings a more nuanced understanding. Instead of observing all women as 'naturally' at risk, structural theories identify factors, such as economic factors, ethnicity, race and other identity factors, as prerequisite for sexual violence in armed conflict. Cultural and national factors are filtered out to simplify causes of sexual violence (Leatherman, 2011).

A third theoretical approach to sexual violence in warring times is one of constructivism. Social constructivism puts hegemonic masculinity at the center of the debate and is closely related to the 'gendered' perspective described by Erikson Baaz & Stern (2013). From this theoretical perspective, relational masculinity is socialized and confirms power relations between women and men, where men hold primary access to power. Warring contexts

entail extreme circumstances where debilitated male dominance and authority are socialized to be reasserted by sexual violence (Leatherman, 2011). Framing sexual violence in this gendered perspective implies that sexual violence can be understood as gendered socializations, also rendering conflict-related sexual violence 'avoidable' (Erikson Baaz & Stern, 2013). Erikson & Baaz (2013) however have questioned the implied strategic rationality behind sexual violence, informing culpable, punishable subjects to use rape as a weapon of war, hereby urging for a broader approach towards the phenomenon of sexual violence in conflict and post-conflict contexts. They moreover challenge the predominant discourses on sexual violence as a weapon of war and point their paradoxical nature.

1.2 A broader approach towards sexual violence in armed conflicts

Each of the preceding discussed approaches reflect the predominant discourse on conflict-related violence, i.e., 'rape as a weapon of war', a discourse that offers a base to understand especially international perspectives on conflict-related violence. However, while recognizing the value of such a congruent discourse (Auteserre, 2012; Erikson-Baaz & Stern, 2013), for example for attracting international attention and support, we also need to identify certain limitations which are intricately linked to the predominance of this discourse. Therefore, we argue to broadening this framework, when studying sexual violence in warring contexts.

First, a closer analysis of sexual violence in armed conflict shows that 'rape as a weapon of war' is not necessarily a planned and carefully orchestrated tactic (Wallström, 2009) driven by a tautological logic, as one might think. It is, however, embedded in the complex realities of warfare (Erikson Baaz & Stern, 2009, 2013) and in pre-existing ideas on gender and gender violence (Leatherman, 2011). Second, rape as a weapon of war depicts far from the whole story on sexual violence in conflict settings. This powerful discourse even risks silencing other forms of sexual violence (e.g., forced sexual experiences in marriage), that are sometimes described as 'everyday, and even boring' (Erikson Baaz & Stern, 2013), yet widely committed in times of conflict or post-conflict (Douma & Hilhorst, 2011).

These various dynamics have inspired internationally academics and institutions, as WHO and UNWomen, to raise awareness to 'less visible' forms of sexual violence that comprise different coercive sexual experiences that girls and women undergo in warring settings. Referring to intimate partner violence, forced sex with authority figures, coercive sexual experiences with

acquaintances, sex in exchange for material necessities or grades, these organizations plead for a broader scope when looking at sexual violence. Brown (2012) in this case refers to ‘wartime rape’ as supposed to ‘rape as a weapon of war’, hereby opening up the aperture to all forms of sexual violence taking place in a warring context.

1.2.1 A broader definition on sexual violence in wartime

When describing sexual violence in a broader sense, we turn to the definition of the WHO that states that sexual violence is “*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work*” (Jewkes et al., 2002). Referring to coercion, the WHO seeks to describe different forms of physical or psychological coercion or threats that force a person to have sexual relationships (Jewkes et al., 2002). Nonetheless, also coercion should be placed in a contextual reality, since cultural norms and beliefs may inform a variability in definitions on coercion (Ajuwon, 2001; Jejeebhoy & Bott, 2005) (cf. infra 3.2). In developing countries, where young people rarely affirmatively answer general questions on or ‘rape’, but still do experience high prevalence of these diverse forms of sexual violence (e.g., forced sex within marriage, attempted rape or fondling, exchange or transactional sex, forced prostitution), the concept of ‘non-consensual sexual experience’ defined as “*a range of behaviors including unwanted penetrative sex, attempted rape, unwanted touch, non-contact forms of abuse*” is more often used (Jejeebhoy & Bott, 2005, p.9). Often the victims themselves do not label these forms of sexual violence as rape (Jewkes et al., 2002; Koss, 1989; Peterson & Muelenhard, 2004), for instance because they fear stigmatization, their experience doesn’t fit the existing stereotypes on rape (Harned, 2005), or they are not sure it was really rape (Koss, 1989).

Sexual violence occurs throughout the world, both in warring as non-warring settings, with up to one in three women worldwide reporting physical and/or sexual violence by a partner or sexual violence by a non-partner (Jewkes et al., 2002). Up to one third of girls report their first sexual experience to be forced (Jewkes et al., 2005). However, sexual violence victimizes both women as men in warring contexts, as it does elsewhere (Swiss et al., 1998), but sexual violence of boys and men often goes underreported due to taboo’s resting on the subject.

While militarized rape deserves all the attention it is getting, other experiences of rape and sexual violence should be shed a light on, in order to

conceive of a pathway to deal with conflict-related sexual violence in a comprehensive way (Leatherman, 2011). In this study, we will thus set a broad scope on sexual violence in eastern Congo, since both a perspective that narrowly focuses on 'rape as a weapon of war' and a perspective that only focuses on a 'normalization' of rape sell short to the complex realities of post-conflict dynamics and sexual violence.

1.2.2 *Types of sexual violence in conflict settings*

Abiding by a broader definition of sexual violence in warring situations, some relevant distinctions can be made. Firstly, rape as a weapon of war, as described above, is deliberately used as a war strategy. Sexual violence during armed conflicts is often characterized by an appalling brutality but observed in different forms and intensity (Wood, 2006). As sexual violence as a weapon of war is often committed in groups, gang or mass rape is common, victimizing large groups of women, often in front of their families and communities. Furthermore, men are often forced to rape their daughters, mothers, or other family members. Other women are stabbed with sharp objects or knives in their genital organs or even shot. Sexual slavery or torture in detention is also observed (Kuhlken, 2012; Wood, 2006).

Second, sexual violence is observed in an intra-familial context. A 'less visible' yet rife form of sexual violence is intimate partner violence. Research in different cultural contexts show how more than half of the women who experience physical violence in a partner relationship have also been coerced into sex (Campbell, Sefl, Barnes, Ahrens, Wasco, & Zaragoza-Diesfeld, 1999). Comparative research in 19 different countries showed that intimate partner violence ranged from 10.7% in the Philippines to 64.4% in the Democratic Republic of the Congo (DRC) (Devries et al., 2010). Notwithstanding the observed consequences of intimate partner violence, it often goes unpunished or is even legally or traditionally accepted (Mechanic, 2004; Sonke Gender Justice Network, & Promundo, 2013). Sexual violence committed by family members, like parents, is also observed, yet scarcely researched in warring settings. In some post-conflict settings like eastern Congo, recent research speaks to the need for research on the increase of sexual abuse of children and youth in a family and acquaintance setting (Malemo Kaslishya et al., 2011).

Thirdly, sexual violence in other acquaintance settings, like schools or communities, is also often observed. Young women and girls in particular are most likely to experience harassment or rape in school settings (Jewkes et al., 2002). It is often the teachers who facilitate and enforce sexual violence in

return for goods or grades, herewith becoming responsible for a considerable proportion of child rapes (Omar & De Waal, 1994; Jewkes & Abraham, 2002; Nhunda & Shumba, 2001). Also in health services, even though research on the subject is scarce, sexual violence is frequently reported (Fary & Fisher, 1992).

Fourth, next to rape in acquaintance settings or rape by armed perpetrators, 'stranger rape' also exists in conflict settings. This form of sexual violence is perpetrated by civilians, and widely described in both conflict as post-conflict situations (Bartels et al., 2010; Munala, 2007; Zicherman, 2007). When considering civilian perpetrators, also sexual violence of especially young girls is described in exploitative relationships. Extreme poverty in warring situations has been known to increase the risk of exchange or transactional sex, where economic incentives are placed against exploitative sexual experiences (Jejeebhoy & Bott, 2005). Even exploitation by peacekeeping forces has been more than often reported (Notar, 2006; Wax, 2005).

Fifth, another form of sexual violence is said to be found embedded in customs and traditions. The practice of forced early marriages is commonly observed in different countries in Africa, Asia, the Middle East, Eastern Europe, etcetera (UNICEF, 2001). These, often "customary" inspired, practices can be labeled as sexual violence as the young girls or women that are being forced into marriage are taken away their right to give or withdraw their consent for marriage (Jewkes et al., 2002b), and the often forced first sexual experience (Sharma, Sujay & Sharma, 1998). Other customs or traditions can also lead towards sexual violence against women, like wife inheritance or female circumcision (Jewkes et al., 2002).

Sixth, other existing forms of non-consensual sexual experiences are attempted rape, unwanted touch or molestation and non-contact forms of abuse like verbal harassment, flashing, etcetera (Jejeebhoy & Bott, 2005) do exist, most likely, but have not yet been well researched in (post-)conflict contexts. While these different forms of sexual violence exist in conflict settings, they are often under recognized.

1.2.3 'Normalization' of sexual violence in conflict settings?

Besides the observation of these different 'types' of sexual violence in warring settings, we also observe an intensification in sexual violence in conflict and post-conflict settings. Contemporary conflict often intensifies all types of sexual violence, not only in the public, but also in the private sphere (Annan & Brier, 2010; Peterman et al., 2011). Even in 'post'-conflict contexts, high prevalence of sexual violence is widely observed. Here, often a considerable decrease of sexual violent acts by military perpetrators is simultaneously

observed with an increase of civilian and domestic rape (Bartels et al., 2010a; Mechanic, 2004; Munala, 2007; Zicherman, 2007). In regions like Eastern Democratic Republic of the Congo (*hereafter also referred to as Congo or DRC*), the dramatic increases in civilian rape have inspired researchers and practitioners to talk about a 'civilization' or 'normalization' of rape in the warring setting (Bartels et al., 2010a). Sexual violence is as such sometimes described as part of the 'normality' of post-conflict realities (Bartels et al., 2010a; Douma & Hillhorst, 2011).

Annan & Briere (2010) proposed a model that identifies the factors contributing to gendered violence and inequality in conflict setting, hereby paying attention to factors on an individual, familial, social, and structural level. These interlinked factors can be identified both in a pre-, peri- and post-conflict periods, hereby contributing to the intensification of sexual violence. On an individual level, the lack of economic opportunity, and the high levels of psychological distress and insecurity might contribute to the prevalence of rape. On a broader familial level, Annan & Briere (2010) identified alcohol use, death of family and community members, and family disruption that can be linked to conflict and its aftermath as possible factors contributing to gendered violence in conflict situations. Social factors as patriarchal norms and expectations that might be affected by the ramifications of armed conflict are also seen as contributing to gendered violence. Furthermore, certain factors on a structural level can be identified as contributing to the intensification of sexual violence, such as poverty and displacement.

1.3 Consequences of sexual violence in conflict settings

Sexual violence has been shown to have a pernicious impact on its victims (Jewkes et al., 2002). A vast body of literature describes the destructive sequelae of sexual violence on, amongst others, physical, psychological, social, and economical levels (Bartels et al., 2010a; Briere & Jordan, 2004; Faravelli et al., 2004; Goodman, Koss, & Russo, 1993; Kilpatrick, Amstadter, Resnick, & Ruggiero, 2007; Perilloux, Duntley, & Buss, 2012; Ullman & Brecklin, 2003). Also in armed conflicts, the observed consequences of sexual violence are ample (Bartels et al., 2010a; Bosmans, 2007; Kelly, Betancourt, Mukwege, Lipton, & VanRooyen, 2011; Mukwege, 2010; Wakabi, 2008) and reach far beyond the direct (physical) experience of sexual assault. Furthermore, the devastating impact of rape and its consequences do not exist isolated from other war-related stressors or potentially traumatic experiences (Bartels et al., 2010a). Often sexual violence is perpetrated in insecure circumstances, where the victims have also witnessed violence

against their family members and have experienced losses (Bartels et al., 2010a).

First, the brutal nature of rape in armed conflict has changed the lives of many women, now suffering from different **physical sequelae** from HIV and other sexually transmitted diseases to different gynecological consequences (Réseau des Femmes pour la Défense des Droits et la Paix et al., 2005). Gynaecological complications have been related to forced sex causing vaginal bleeding, infection, fistulas, and internal wounds (Longombe, Claude, & Ruminjo, 2008; Mukwege & Nangini, 2009). Above, the fear of physical consequences in itself is an extra, commonly reported, concern for both the victim and their family members (Bartels et al., 2010a).

Second, sexual violence also often leaves its victims **economically** vulnerable, because of the physical consequences and their impact on economic activities, or the loss of financial and/or material support from husband or families members (Bartels et al., 2010a). In the subsistence economy, women and girls comprise 73% of the working force in agriculture, which is unavoidably influenced by the consequences of rape (e.g., physical disabled women who cannot work anymore, as before, in agriculture; or families forced to leave their lands due to warfare and fear of sexual violence acts).

Third, sexual violence in conflict settings has pernicious **social consequences**. As previously mentioned, sexual violence in warring contexts is often described as a weapon of war. Besides many other motivations for sexual violence as a war strategy, the destruction of social tissue and the disruption of community support systems are sometimes direct aims of the wide-scale use of sexual violence in warring contexts (Kuhlken, 2012). Through targeting women in communities in which female members' social position is intricately linked to their sexual virtue, sexual violence operates as a powerful weapon for destroying social connectedness through the disruption of communities' honor and sense of future (Derluyn, Vindevogel, & De Haene, 2013). In settings where women are culturally seen as a man's property, rape is used as a potent way to indirectly attack and violate male enemies (Salzman, 2000). It is not just about rape of a person, but also of someone else's property (Neuffer, 2002). The social exclusion of victims of sexual violence is as well highly prevalent in war-affected communities in post-conflict settings, and is documented and associated with the pervasive stigmatization of violated girls and women (e.g., Kelly, Kabanga, Cragin, Acayna-Stevens, Haider, & VanRooyen, 2012; Bosmans, 2007). Here, victims are labeled, perceived according based on negative stereotypes (e.g., dirty, contaminated, useless, defiled, of less value, worthless), and discriminated against within their own families and communities (Dolan, 2010; Kelly et al., 2012; Pratt & Werchick, 2004). Negative social reactions after sexual violence

can be varied, and have also shown to be influential for the psychological sequelae of sexual violence (Campbell et al., 2009; Ullman, Townsend, Filipas, & Starzynski, 2007) (cf. infra 3.1).

Fourth, the **psychological sequelae** in particular are robustly described in literature. While a large variation is observed (between 17% and 65%), a large proportion of them develop posttraumatic stress symptoms during their lifetime (Clum, Calhoun, & Kimerling, 2000; Kilpatrick & Resnick, 1993; Kilpatrick, Saunders, Veronen, Best, & Von, 1987; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1993). Not only post-traumatic stress disorder (PTSD), but also depression (between 13% and 51%; Acierno et al., 2002; Becker, Skinner, Abel, Axelrod, & Treacy, 1984; Clum et al., 2000; Dickinson, deGruy, Dickinson, & Candib, 1999; Golding, 1996; Winfield, George, Swartz, & Blazer, 1990), anxiety (between 73% and 82%; Frank & Anderson, 1987; Ullman & Siegel, 1993), and alcohol abuse are commonly reported (between 13% to 61%; Frank & Anderson, 1987; Ullman, 2007; Ullman & Brecklin, 2002).

Although the last two types of consequences – the psychological and social consequences – form the core focus of this dissertation, they cannot be separated from the other consequences (physical, economic,...), as the different consequences are largely linked.

1.4 Factors impacting the psychological consequences of sexual violence

1.4.1 *An ecological model (Campbell et al., 2009)*

Though the aforementioned negative psychological outcomes are widely observed, a substantial symptom variability is reported in adolescent victims of sexual violence (Kendall-Tackett, Williams, & Finkelhor, 1993; Spaccarelli, 1994). The variation in mental health outcomes after sexual violence speaks to the investigation of other factors involved. Increasingly, an ecological model is adopted to offer a broader approach to inspire research and intervention related to the mental health of victims of sexual violence (Campbell et al., 2009; Grauerholz, 2000; Koss & Harvey, 1991; Neville & Heppner, 1999). An ecological model on the mental health outcomes of sexual violence, as developed by Campbell and colleagues (2009), reveals ways that multiple factors in the social ecology are associated with an increased risk of negative mental health outcomes among sexual assault victims. The theoretical framework is inspired by former ecological models, as the one of Bronfenbrenner (1979), framing a subject with its psychosocial well-being

within a larger social context. The model of Campbell and colleagues (2009) encompasses different layers of social reality as influencing the mental health outcomes of sexual violence in women. While entailing the different social spheres that impact the psychological well-being of a victim of sexual violence, this model serves as a strong theoretical base for research. Factors at the individual level (age, race and socio-economic status, education, income,...), microsystem level (interactions with family friends and peers), meso/exo system (formal institutions and networks), macrosystem level (cultural attitudes) and chronosystem level (changes over time in the individual and the individual's interactions with the environment) are all identified to possibly influence mental health consequences of sexual violence (figure 1).

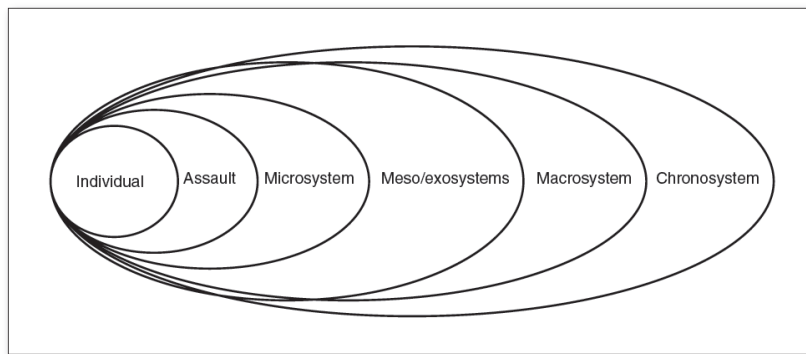


Figure 1 An ecological model of the impact of sexual assault on women's mental health from Campbell and colleagues (2009)

While the model is primarily developed based on research with adult female victims of sexual violence, it serves as a framework to research mental health outcomes of sexual violence in a comprehensive way, also in young victims. We now will describe the different levels, and the factors possibly impacting victims' mental health on these different levels, more into detail.

Individual level

While many studies have included different *socio-demographic variables*, like age, income, education, race, etcetera, in the analysis of factors associated with mental health (e.g., Campbell et al., 1999; McFarlane et al, 2005; Ullman & Brecklin, 2002), the findings are diversified. Other studies including *assault characteristics*, like victim-offender relationship or violence used during the assault also produced mixed findings (e.g., Campbell et al., 2009; Riggs, Kilpatrick, & Resnick, 1992; Ullman and Filipas, 2001). *Pre-existing mental health conditions* do seem to have an effect on post-assault distress (e.g., Atkenson, Calhoun, Resick, & Ellis, 1982), although not all studies found the

same impact (e.g., Bownes et al., 1991). Also, *coping* responses have been widely investigated as influencing the mental health of victims of sexual violence. Empirical research on coping often distinguishes between maladaptive and adaptive forms of coping (Campbell et al., 2009). Maladaptive forms of coping, related to negative coping (Spirito, Francis, Overholser & Frank, 1996) or avoidant/disengagement coping (Cheng & Chang, 2009), have been strongly associated to longer timers of recovery and more psychological distress in victims of sexual violence (e.g., Valentiner, Foa, Riggs & Gershuny, 1996). Other coping strategies, traditionally labeled as adaptive coping, are conversely related to less psychological distress and smoother recovery (e.g., Frazier & Burnet, 1994; Valentiner et al., 1996). However, the influence of coping on mental health after sexual violence is not as straightforward as might seem, since avoidant coping can also have a beneficial influence on mental health (Frazier & Burnet, 1994), especially immediately after the traumatic experience (Roth & Cohen, 1986).

Microsystem

In the ecological model of Campbell and colleagues (2009), the next ecological level is the microsystem, referring to informal support and inter-relational contact with people in the close social environment, like family, friends, or peers. The literature suggests that especially the negative social reactions received from individuals in the microsystem have a strong negative effect on the mental health of victims of sexual violence, even more than the protective effect of positive reactions. A strong detrimental effect is found between negative social reactions and psychological distress (Borja, Callahan, & Long, 2006; Campbell et al., 2001). Nevertheless, there have been studies that have underwritten the positive influence of social support from family and friends (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Kramer & Green, 1991). Interestingly, it is the received social support, not the seeking of social support, which has an influence on the psychological well-being of victims of sexual violence (Valentiner et al., 1996). Also important to note is that more psychological distress predicts more support-seeking (Starzynski, Ullman, Filipas, & Townsend, 2005), while the initial negative reactions to disclosure of sexual violence forbear victims to seek more support (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007).

Meso/exosystem

As the microsystem, the meso/exosystem refers to interactions with individuals, yet this time in a formal support network. In a primarily Western context, studies have found that victims of sexual violence often seek support from formal support providers, varying from medical, judiciary, or

psychological support (e.g., Campbell et al., 2001; Ullman & Filipas, 2001). Negative reactions within the framework of these support services can cause what has been denominated as ‘second rape’ or ‘secondary victimization,’ which has been shown to have a detrimental impact on the mental health of victims of sexual violence (Campbell et al., 1999; Campbell & Raja, 1999, 2005). Other forms of formal support however, like psychosocial support, have been perceived as helpful and positive (e.g., Campbell et al., 2001).

Macrosystem

On a macrosystem level of the ecological model, socio-cultural beliefs and realities are thought to influence the mental health outcomes of sexual violence. When considering macrolevel factors, we turn to sociocultural ideas and understanding of rape and its consequences. These socio-cultural factors are strongly believed to influence the psychosocial well-being of victims of sexual violence, as they often contribute to a rape-prone culture. Embedded in a macrolevel context, mental health consequences of sexual violence might be influenced by the fact that rape myths or stereotypes which blame the victim are present in society (e.g., Campbell et al., 2009; Rozee & Koss, 2001). An understanding of cultural-specific ideas on rape (Luo, 2000) is therefore key to understand how rape, its victims and consequences are conceived (Campbell et al., 2009).

Chronosystem

As an important addition to other ecological models examining the mental health impact of sexual violence, Campbell and colleagues (2009) added a chronological factor to their model. Here, other forms of experienced violence or re-victimization of sexual violence are shown to add to the vulnerability of victims of sexual violence, since they lead to higher levels of psychological distress. These findings appertain to the idea that the cumulative effects of violence in an individual’s lifetime are important and embedded in a complex context of interactions between the individual and the environment (e.g., Bronfenbrenner, 1979; Campbell et al., 2009).

Throughout the model, Campbell and colleagues (2009) pay attention to the impact of all factors on various ecological levels on the concept of self-blame. The investigation of victims’ mental health on different entwined levels of the social environment facilitates the development of intervention strategies on multiple levels. From an ecological stance, interventions on one level might have a protracted effect on another level (Bronfenbrenner, 1979).

Children and adolescents

Also in relation to mental health outcomes of war in children and adolescents, a similar ecological model has provided inspiration to broaden the scope and investigate influencing factors. The literature clearly illustrates the devastating influence of war and armed conflict on children's mental health (Betancourt et al., 2010; Barenbaum et al., 2004). Most studies primarily focused on the prevalence of posttraumatic stress disorder (PTSD) in conflict and post-conflict settings (de Jong et al., 2002; Sack, Him, & Dickason, 1999; Thabet & Vostanis, 2000), with particular attention to the consequences of exposure to violence (Catani et al., 2008). Recently, authors clearly urge to look beyond a direct trauma-effects-model, through an ecological model that can add to the understanding of the complex processes that underlie psychosocial outcomes in war-affected children (Betancourt et al., 2008, 2010; Miller & Rasmussen, 2010). By investigating both risk and protective factors, various pathways leading to mental health problems are revealed, hereby as such shedding light on, for example, the strong impact of "daily stressors" and social reactions like "stigmatization" on mental health (Betancourt, 2012; Catani, Schauer & Neuner, 2008; Farhood et al., 1993; Miller et al., 2008). Consequently, such models inform interventions promoting children's psychosocial well-being, whereby also other levels – besides the individual – of the ecological environment of the child are considered.

1.5 Sexual violence embedded in a contextual reality

While the broader aperture adopted in this study seeks to shed light on the previously discussed different forms of sexual violence, also the particular context of war colors sexual violence and its consequences. The observed increase in sexual violence, with both military as civilian perpetrators in a conflict and post-conflict context, speaks to the investigation of the contextual factors that have an influence on the nature and prevalence of sexual violence (Jewkes et al., 2006). Sexual violence clearly doesn't occur in isolation, but is embedded in socio-economic and cultural realities (Douma & Hillhorst, 2011; Leatherman, 2011). As suggested by Campbell and colleagues (2009), these macrosystem factors have a strong influence on the psychosocial well-being of victims of sexual violence.

Leatherman (2011) proposed a framework to investigate gendered insecurities in warring contexts to provide insight in the local realities and possible ways to cope with them. She identified gender polarization, rise of catastrophic and hyper-masculinities, loss of safe space for women in and

outside of their home, mounting pressure for women to be the sole providers in the household, and loss of safe havens (e.g., schools, hospitals). Leatherman (2011, p. 80) describes how these factors “*emerge across cultural contexts as societies gravitate towards open violence.*”

One of the elements that have been identified to have a strong influence on the mental health outcomes of sexual violence – especially from a macrolevel with its influences onto all other levels – are **rape supportive ideas**. Sexual violence in times of armed conflict is often reflective of issues of power asymmetry, patriarchy, masculinity, and the devaluation of women, ideas, and phenomena that harm women on a large scale, even in presumably peaceful situations (Rees et al., 2011). Norms and beliefs that are said supportive of the idea that women should be submissive and (sexually) obedient to their husbands (Dolan, 2010; Puechguirbal, 2003; Jejeebhoy & Bott, 2005) possibly lower the psychological threshold to sexual violence (Dolan, 2010). These contexts of gender discrimination and inequality are observed to generate a greater risk of wartime rape (Leatherman, 2011). Qualitative research suggests that rape has transformed into a norm for young men who grew up during armed conflict (Mechanic, 2004).

Furthermore, gender practices and traditions shaped by socio-cultural gender norms possibly entail risks for structural violence (Leatherman, 2011). These norms inspire forms of gender-based practices that might not be labeled as sexual violence from a cultural perspective (Muchukiwa, 2010), yet abide by all legal definitions of rape, such as forced early marriages and domestic sexual violence. Different forms of sexual violence, like domestic sexual violence and non-consensual sexual experiences in acquaintance settings, are as such rendered invisible or overlooked (HSR, 2012; Jejeebhoy & Bott, 2005). Therefore, in order to fully comprehend sexual violence in situations of war and armed conflict, there is a strong need to address the socio-cultural realities in which the sexual violence is embedded (Douma & Hillhorst, 2011).

Possible rape supportive ideas that exist in society and might influence the occurrence and consequences of sexual violence have been widely investigated in Western contexts (e.g., Bohner et al., 2009; Frese, Moya & Megias, 2004). The concept of **rape myths** has hereto provided a framework to study these rape supportive ideas. Rape myths are described as: “*descriptive or prescriptive beliefs about rape (i.e. about its causes, context, consequences, perpetrators, victims and their interaction) that serve, deny, downplay or justify sexual violence that men commit against women*” (Bohner, 1998, p. 14). These ideas, embedded in a cultural reality (Littleton, 2011), can have a large influence on, amongst other elements, how people react to rape victims (Boakye, 2009), to what extent they blame the victim or estimate the harm caused (Frese, Moya & Megias 2004; Stormo, Lang & Stritzke 1997),

how victims label their own experience (Breitenbecher, 2006), how people react to psychological treatment of psychological consequences of sexual violence (Baugher, Elhai, Monroe & Gray, 2004), and how is dealt with themes of secondary victimization (Campbell & Raja, 1999, 2005). Rape myth and beliefs on sexual violence therefore can shape the reactions of the social environment, and hereby influence the psychological and social well-being of victims of sexual violence (Ullman & Filipas, 2001). As well, rape myths and rape supportive beliefs influence the existing ideas on what qualifies as rape. Furthermore, rape myths are also identified as a contributing factor to the widening justice gaps and the high attrition rates for sexual violence (Edward & Macleod, 1999).

While a culture-sensitive approach to rape supportive beliefs (Littleton, 2011) is required, most rape myths can be found across cultures. But looking at warring situations in particular, rape supportive beliefs could be identified as contributing to sexual violence and its negative consequences both in times of war and peace.

As beliefs on sexual violence have been shown to influence both the psychological consequences as the intertwined social reactions, a closer understanding of these beliefs is desirable, also in a warring context. The socio-cultural gender norms and beliefs on sexual violence influence service provision and judiciary action/attainment, and seem key in a holistic approach to raise awareness on sexual violence, to tackle impunity and to offer adequate redress to victims of all sorts of sexual violence. Culturally-valid rape supportive beliefs therefore need particular attention to constitute grounds for prevention and redress of sexual violence, both in conflict as in post-conflict settings.

1.5.1 Sexual violence in Eastern DR Congo

In order to offer a contextualized and ecological investigation of sexual violence and its psychological consequences, a broader analysis of sexual violence in the particular context of eastern Congo is discussed, as it sets the scene for this research project. The research setting of war-ridden eastern Congolese regions influences both the research questions asked, as the methodology adopted in this study. Furthermore, the particularities of the war-affected region, socio-cultural norms and values, conflict dynamics, and political realities unavoidably influence sexual violence and its consequences, and therefore need ample attention.

Armed conflicts in Eastern DR Congo

The Democratic Republic of the Congo (DRC) is located in Central Africa, and constitutes as the third biggest country in the African continent (Oppong & Wodruff, 2007). With a **population** of over 70 million people, hundreds of tribes and ethnic groups that speak over 242 different languages, DRC is a heterogeneous and very diverse country (UN, 2014). This cultural diversity is seen as a contributing factor to the continuing political instability in the region (Oppong & Wodruff, 2007). While DRC is one of twelve biggest countries in the world, it is also one of the poorest. With the Human Development Index as an indication for life expectancy, literacy, education, standards of living and quality of life, DRC ranks strong on top of the least developed countries (UNDP, 2013). With a life expectancy under 50 years and an infant mortality rate of over 10%, DRC's population is amongst the poorest and least developed countries in the world (UNDP, 2013). Nevertheless, Congo has an abundance of natural resources, like gold, silver, diamonds, petrol, and much coveted coltan (Oppong & Wodruff, 2007). A volatile combination of weak governments, armed conflicts, and lack of control over minerals has set the scene for a scramble for Congo's resources. From colonial time during Belgian colonization up until today, DRC has been invaded for the 'conflict minerals,' which are minerals mined in conditions of armed conflict and human rights abuses by its neighboring countries and international organizations.

Congo has been the theatre of two international wars fought on its land since 1996, which have been denominated the '*Congo wars*' (Prunier, 2009). Dating back to the Rwandan genocide, the first Congo war (Turner, 2007) commenced with the influx of over a million of Rwandan Hutus into the Congolese Eastern regions. What followed was the beginning of the 'First Congo war' that ravaged the eastern Congolese region. Soon after the flood of Hutu refugees in the eastern Congolese refugee camps, the Interahamwe militias, who had played a key role in the killings of hundreds of thousands of Tutsis and moderate Hutus during the Rwandan genocide in 1994, violently turned against Rwandan Tutsis (Clark, 2002). Tutsi-controlled Rwandan governments started supplying arms to Congolese Tutsi – referred to as the Banyamulenge – in Eastern DRC to fight the Hutu Interahamwe, to protect themselves, and to prevent a planned insurgency on the recently established Tutsi Rwandan government.

The era of violence continued when a Congolese rebel group named the Alliance of Democratic Forces for the Liberation of Congo (AFDL), led by Laurent-Désiré Kabila and backed by the Rwandan FRP, colluded with Rwandan and Ugandan troops in 1996. An invasion in the eastern Congolese regions led to violence against the Hutu refugees, and was the first step in

Kabila's military march to Kinshasa, where he took over the power of the Congolese state. The 'first Congo war' refers to the uprising of Kabila to the presidency of Congo and the violence that accompanied him there.

A second chapter in the violent Congo wars followed shortly after. In his newly declared 'Democratic Republic of the Congo', Laurent-Désiré Kabila experienced large trouble governing this country. As his foreign backers who elevated him into power were unwilling to leave the country and his government, Kabila turned to force to oust his former allies. While the Rwandans were unceremoniously thanked for their provided services and flown out of the country, in the East of the country the former rebellious movements rose against the government. Backed by Rwanda and Uganda, the Banyamulenge were strengthened to stand against the national armed forces with the Rally for Congolese Democracy (RCD). While Rwanda took over part of the northeast of the country, Kabila set out public opinion against Rwandan Tutsis, with public lynching and a call for genocide as a result. The frontline moved as rebels landed on the Eastern frontiers of Congo. In the East of Congo, Uganda had also started to support their own rebellious movement, Movement for the Liberation of Congo (MLC). After the fall of the capital Kinshasa, tables soon turned when Kabila's cry for foreign help got answered by Namibia, Zimbabwe and Angola, and later on as well by Chad, Libya, and Sudan. As state and non-state bound armed groups increased, the war unspun, with Congolese civilians stuck in between. International efforts assisted to the establishment of the ceasefire of the dreadful and lethal 'second Congo war'. The Lusaka Ceasefire Agreement was signed in 1999 between the Democratic Republic of the Congo, Angola, Namibia, Zimbabwe, Rwanda and Uganda and the MLC (the RCD refused to sign).

With this second Congo war or 'Africa's World war', involving nine countries, Congo hosted the deadliest conflict since World War II. The Eastern regions of the Democratic Republic of the Congo (DRC) as such have suffered under decades of war, costing the lives of over 5.4 million people (Coghlan et al., 2006, 2009; International Rescue Committee, 2008), and marked by massive human rights abuses and grueling tactics of war, with civilians as primary targets and victims (Maedl, 2011; Nordstrom, 1991; Bartels, 2010a). The conflict in DRC is herewith an example of a complex political emergency (Goodhand & Hulme, 1999), where numerous armed groups, both state as non-state actors, direct their violence towards the civilian population. This decade-lasting conflict has deeply harmed and devastated the Congolese society, its population hurt and destroyed by human rights abuses of all sorts (Pottier, 2008; Vlassenroot & Raeymaekers, 2004). Decades of war and strife have impacted civilians' – and certainly also children's – well-being severely. Insecurity and armed conflict have contributed to the displacement of over

2.9 million people in Congo (Norwegian Refugee Council, & Internal displacement monitoring centre, 2014). While national Lusaka peace agreements have been signed in 1999 (Demetriou & Magnuson, 2011), the largest international peacekeeping mission has been deployed since 2000, the Sun City Accords have been signed followed by the establishment of a transition government in 2003, and elections have been organized, the situation in eastern Congo is still insecure and the population finds itself in deteriorating life conditions (Auteserre, 2012). The region is still marked by weak security forces and authorities, and hosts many dozens of armed groups up until today (Nangini et al., 2014).

Armed conflicts in Ituri district



The study that is the object of this dissertation was conducted in Ituri district, Eastern DRC, a region afflicted by armed conflicts since decades (Auteserre, 2009; Human Rights Watch, 2009; Prunier, 2010). Since the late '90s, this region has set the scene for one of the most brutal conflicts in the row of armed conflicts terrorizing

the eastern Congolese population (Fahey, 2013). This complex political emergency (Goodhand & Hulme, 1999), involving different governmental and non-governmental actors and closely tied to national and regional conflicts and ethnic discourses, is marked by numerous human rights abuses, including the killing of more than 60,000 civilians and the displacement of about 500,000 (Fahey, 2011; Human Rights Watch, 2003; Vlassenroot & Raeymaeckers, 2004). The ethnic conflict can be traced back to differences between two ethnic groups, namely Lendu and Hema tribes (Human Rights Watch, 2003), which has evolved into a conflict that earned Ituri the title of 'the bloodiest corner in Congo' (Human Rights Watch, 2003). The extreme horrific nature of the war in Ituri where large-scale massacres, widespread sexual violence and forced conscription of children into armed groups have led to an intervention by the United Nations and an indictment of four leaders of armed groups by the International Criminal Court in the Hague (Fahey, 2013). The conflict officially ended after the UN intervention in 2007, but has flared up, and left the population in a situation of insecurity and land conflict that lingers on and carries the risk of inciting new violence (Fahey, 2013).

While eastern Congo is labeled a 'post-conflict region', in reality it can still be considered a conflict state (McCloskey, 2010). Strongly centralized authoritative systems, weak security forces, implication of local, national and

international forces and reigning insecurity and impunity are an indication to the weakness of the Congolese state (Mattelaer, 2006). As Oppong & Wodruff (2007, p. 9-10) put it: *"It is often suggested that the country is on a 'life-support system'; that it struggles to function only with generous support from the United Nations and other donor agencies. In fact, the UN and its organisations are the glue and Band-Aid that hold this country together in an attempt to stop further hemorrhaging."* The situation for the population seems to deteriorate with rising internal displacement, increasing feeling of insecurity in the population, detentions and executions, upflaring land conflicts, persistent impunity, exorbitantly high unemployment and untiring corruption deeply rooted at all levels of economic and political systems, all leaving the population in dire life circumstances, while both social as economic systems around them have collapsed (Auteserre, 2012; Beneduce, Jourdan, Raeymaekers, & Vlassenroot, 2006; Fahey, 2011; Norwegian Refugee Council & Internal Displacement Monitoring Centre, 2014; OXFAM, 2010; Trefon, 2011).

Labeling eastern Congo as a post-conflict situation is therefore contested (Human Rights Watch, 2012), as the country is characterized by constant upflares of armed conflicts, political turbulences, economic instability, growing displacement and societal insecurity (Alberti et al., 2010; Norwegian Refugee Council & Internal Displacement Monitoring Centre 2014; Human Rights Watch, 2012). The population of the eastern Congolese regions continuously endures extreme levels of violence (Alberti, 2010), and so features in *"one of the world's most complex and long-standing humanitarian crisis"* (UNOCHA, 2014). Declaring the region a 'post'-conflict one seems inadequate in a time where violence is increasing and the population finds itself in a 'neither-peace-nor-war' scene (Beneduce et al., 2006). Communities in eastern Congo still perceive the region as in a continuing state of war with sexual violence as one of its main indicators (Dolan, 2010).

A war within the war

Eastern Congo has been described as the *"Rape Capital of the World"* (Wallström, 2009), a *"war within the war"* (Human Rights Watch, 2002), or *"the worst place on earth to be a woman"* (Shannon, 2010), often referring to the widespread and horrific use of sexual violence as a weapon of war in its armed conflicts. As mentioned earlier, sexual violence in the warring context of eastern Congo is embedded in a particular socio-cultural, economic, and political context. While similarities with other war-affected regions are myriad, the particularities of the context influence the nature, prevalence, and sequelae of sexual violence.

Though exact numbers on the **prevalence** of sexual violence in the region don't exist, the excessive use of brutal sexual violence in eastern Congo has been established (Bartels, Van Rooyen, Leaning, Scott, & Kelly, 2010; Duroch, McRae, & Grais, 2011; Maedl, 2011; Peterman, Palermo, & Bredenkamp, 2011; Wakabi, 2008), with overall estimates of nearly 1.69 to 1.80 million eastern Congolese women aged 15 to 49 years who report histories of being raped (Peterman et al., 2011). Studies on the subject show how sexual violence in eastern Congo is indeed widespread, having made hundreds of thousands of victims (Bartels et al., 2010). These numbers moreover likely underrepresent the true extent of the problem, since rape often goes unreported, due to, amongst other reasons, fear of accusation or stigma, lack of adequate supporting and judicial services, and ongoing insecurity in the region (Duroch et al., 2011). While too often underreported, not only girls and women fall victim to sexual violence in eastern Congo, also boys and men are victimized by sexual violence (Dolan, 2010; Lwambo, 2011). Despite formal peace agreements, sexual violence is still highly prevalent (Maedl, 2011), and in certain regions even more so compared to times of active conflict (Bartels et al., 2013).

During the armed conflict in eastern Congo, sexual violence was primarily committed by armed men (Bartels et al., 2010; Mukwege & Nangini, 2009), and mainly aimed to destroy women (Mukwege, 2009). During the second Congo war, twenty armed groups, both national armies and non-state armed groups, were reported to terrorize the eastern Congolese population, and were all observed to rape women (Médecins Sans Frontières, 2004). Up till now, rape by military perpetrators is still frequently reported in eastern Congo (Bartels et al., 2013).

Recently, however, there have been increasing reports of rape by **civilian perpetrators** (Bartels et al., 2010; Duroch et al., 2011), in particular against minors (Malemo Kalisya et al., 2011). Also in eastern Congo, as in other war-affected regions, a dazzling increase of civilian rape is being reported in periods of relative peace, which has prompted the question: Has sexual violence become 'normalized' in eastern Congo? (Bartels et al., 2010). With the prevalence of intimate partner violence in the past year rising up to 63% of Congolese women, DRC finds itself with a staggeringly high numbers of intimate partner violence compared to other countries (Devries et al., 2010). Looking at intimate sexual partner violence, the numbers are baffling with millions of Congolese women reporting sexual violence in their intimate partner relationship (Peterman et al., 2011).

Reports on the **nature of sexual violence** in the region account to the unusual brutality of rape. Accounts of sexual violence during this prolonged armed conflict include gang rapes, genital mutilation, sexual slavery, forced rape in the presence of family members or between victims, and induction of

abortion using sharp objects (Bartels et al., 2010a, 2010b; Human Rights Watch, 2004; Réseau des Femmes pour le Développement, 2005). Sexual violence in eastern Congo has often been described as unsurpassed, exceptionally brutal (Douma & Hilhorst, 2011; Mukwege et al., 2009), unparalleled (Human Rights Watch, 2009), and incomprehensible (Nzwili, 2009).

Rape by civilian perpetrators is – compared to rape by military perpetrators – more often ‘simple rape’ and less frequently gang rape or sexual slavery (Bartels, 2010a). Furthermore, rape by civilians happens more often in particular locations, such as the private residence of the perpetrator, public buildings as shops and offices, and market areas (Bartels et al., 2010). Civilian perpetrators can be either unknown to the victim, but are as often an acquaintance or intimate partner (Peterman et al., 2011).

Violent rape has been reported against girls and women regardless of age, ethnicity or marital status (Bartels et al., 2010; Mukwege, 2009), often in secluded fields, forests or the victims’ homes (Bartels et al., 2010a). The indistinct use of sexual violence that leaves ‘no safe space’ for women – inside or outside the home (Leatherman, 2011) – unfortunately impacts (directly or indirectly) the lives of all women in eastern Congo.

Rape used as a weapon of war in eastern Congo has been linked to different **motives**. The possible motives for the strategic use of rape during armed conflict, as described above, already elucidate some of them. Rape in eastern Congo has been used ‘effectively’ to intentionally humiliate and hurt its victims (Mukwege, 2010), breakdown social ties and instill fear (Pratt & Werchick, 2004). In a region where armed groups often lack means and arms, sexual violence has been shown deliberately used as an inexpensive and highly effective tactic of warfare (Bartels et al., 2010a). Sexual violence has also been used as a means of a ‘moral booster’ of troops, to realize ethnic cleansing or to revenge preceding rape. Additionally, rape has been reported to be inspired in certain armed groups by beliefs that say that rape of virgins will convey magical powers or invincibility over the perpetrator (Réseau des Femmes pour le Développement, 2005). While not always strategically used in the arsenal of war tactics, systematic rape has often been associated with incidences of looting and pillaging, where infamously undisciplined armed men, often barely aware of international humanitarian law, are confronted with civilians (Bartels et al., 2010a).

Dolan (2010) has investigated reasons for **continuing sexual violence** in eastern Congolese regions as formulated by community members. Dolan identifies three conflict dynamics that are at play in a context of ongoing war. Each of these three interlinked conflict dynamics is associated with a

divergent explanation for the ongoing sexual violence. Taking into account the ongoing high prevalence of sexual violence, Dolan (2010) frames continuing sexual violence in eastern Congo as 'sexual violence used as a weapon of war', 'sexual violence as a crime of opportunity', and 'sexual violence as an indicator of internalized conflicts'.

The situation of extreme poverty, as illustrated in land issues, livelihood problems and identity, is the first conflict dynamic that strongly influences sexual violence. In a situation of extreme poverty, sexual violence continues to be used as a weapon of war in the sense that decisions are taken to use it as a tactic to achieve particular objectives, notably as a means of clearing people off land completely, or of reducing them to submission. As such the poverty situation for both armed groups as civilians contribute to the use of sexual violence as a weapon of war.

The second dynamic explaining the high prevalence of sexual violence is the weakness of state structures that leads to overwhelming presence of impunity and corruption, which facilitate the use of sexual violence as a crime of opportunity.

Thirdly, people's sense of order and justice are challenged, in the light of, amongst others, dynamics of modernity and physical and economic insecurity. The identity is challenged and pushes people to seek aid in drugs and alcohol, which strongly influences the prevalence of sexual violence. The contextual reality in which the population of eastern Congo resides thus brings about internal conflicts in individuals hereby enabling sexual violence.

Similar to other warring or non-warring situations (e.g., Foa & Riggs, 1993; Perilloux, Duntley, & Buss, 2012), the **consequences of sexual violence** on both physical, economic, social and psychological levels are also large in the contexts of eastern Congo, both for the victims as for their social environment (Bartels et al., 2010; Bosmans, 2007; Kelly et al., 2012; Mukwege, 2010).

The psychological consequences of sexual violence are pervasive for many women and girls in eastern Congo (Bartels et al., 2010a), psychological symptoms like anxiety, fear, shame and other traumatic symptoms are commonly reported (Réseau des Femmes pour un Développement Associatif, Réseau des Femmes pour la Défense des Droits et la Paix, International Alert, 2005; Johnson et al., 2010).

These pervasive psychological consequences seem to be intertwined with **social consequences** of sexual violence in this warring context (Kelly et al., 2012). Indeed, the social exclusion of victims of sexual violence is highly prevalent in war-affected communities in the DRC, and is documented as being associated with the pervasive stigmatization of violated girls and women (e.g., Kelly et al., 2012). Here, victims are labeled, perceived according to negative stereotypes (e.g., contaminated, defiled, of less value, worthless),

and discriminated against within their own families and communities (Dolan, 2010; Kelly et al., 2012). Through targeting women in communities in which female members' social position is intricately linked to their sexual virtue, sexual violence operates as a powerful weapon of destroying social connectedness through the disruption of communities' honor and sense of future (Derluyn, Vindevogel, & De Haene, 2013).

1.6 Study aims, theoretical framework and methods of the study

1.6.1 Aims of the study

Firstly, despite remarkable developments in the past decades made in the study of sexual violence and its consequences for both victims and their environments, we do identify three main limitations to the existing evidence base.

First, the warring context, accompanied by systematic insecurity, has certainly not facilitated research in the regions of Eastern DR Congo. Therefore, large-scale studies on psychosocial well-being of adolescent victims of sexual violence in this region – and war-affected regions in general – are rather scarce. Nonetheless, the psychosocial consequences of war in adolescents are widely described in eastern Congo (e.g., Mels, Derluyn, Broekaert, Rosseel, 2009). Sexual violence in eastern Congo has intricate consequences for both the victim and her environment (Kelly et al., 2012; Johnson et al., 2010; Dolan, 2010; Wakabi, 2008; Bosmans, 2007) but have not yet been thoroughly investigated in adolescent victims. Adolescents in particular carry a high psychological burden in the conflict-setting of eastern Congo (Mels et al., 2009) and have a higher risk of experiencing non-consensual sex (Humphrey et al., 2000). One in three adolescents report their first sexual experience to be forced (e.g., Wood & Jewkes, 1997) and research in the West stating that 50% of all sexual victimizations taking place in adolescence (Humphrey & White, 2000). Furthermore adolescent victims of sexual violence are at greater risk for revictimization (Tjaden and Thoennes, 2000) and are associated with more health risk behaviors (Champion, Long Foley, Durant, Hensberry, Altman, & Wolfson, 2004).

Second, most studies that have been conducted in Eastern DR Congo primarily focus on rape as a weapon of war in a narrow sense. By broadening the aperture we seek to add to the knowledge base on the psychological consequences of sexual violence experiences in a larger sense. Therefore we

seek to unveil the impact of both rape and non-consensual sexual experiences on eastern Congolese adolescent girls.

Third, there is a paucity of research exploring the consequences of sexual violence that starts from an ecological and culturally-adapted perspective. Above, in these studies, there is mostly solely a quantitative or qualitative methodological approach.

Therefore, this study, through its use of a mixed-methods approach, in a large-scale study design, strives to add to the knowledge base on factors influencing the psychosocial well-being of adolescent victims of sexual violence in eastern Congo.

Next to this science-oriented aim, this research intends to be practice-oriented and seeks to formulate practical recommendations for practitioners, policy makers and other scholars. *“The goal of practice-oriented research is to utilize research knowledge to enhance the development and implementation of practice and policy”* (Marshal, 2010, p.1). Through research that is inspired by research questions arising from a practice and clinical, the goal of practice-oriented research is also to contribute to the knowledge base on the practical level (Marshal, 2010). As interventions developed for victims of sexual violence in this conflict-ridden context are myriad and diverse, this research seeks to offer knowledge to ameliorate and adapt these interventions based on the needs and resources in the field. This approach being embodied by the primary researcher as she is strongly involved in both practice work with children and youth affected by war as research in eastern Congo. Since this research is embedded in the Centre for Children in Vulnerable Situations (CCVS) – DR Congo, which will be discussed below, a strongly entwined combination of research, practice, and dissemination is implied in this research project.

1.6.2 Theoretical framework

The described literature above on the consequences of sexual violence in eastern Congo speaks to the adoption of a model that studies different factors in the mental health impact after sexual violence. Therefore, we seek to apply an ecological model to the investigation of psychological sequelae of sexual violence in the conflict-ridden region of eastern Congo. With the model of Campbell and colleagues (2009) as a foundation to this research, we seek to investigate different risk and protective factors that might be involved in the mental health outcomes of sexual violence. While, especially qualitative, research on sexual violence in eastern Congo has indicated the importance of social factors contributing to the psychosocial well-being of victims, there is

a paucity of research elucidating both risk and protective factors. Further research on this topic seems necessary to gain insight into variables involved in the complex processes of rehabilitation after conflict-related sexual violence. The study thus seeks to implement this theoretical framework in research of adolescent victims of sexual violence, based on the ecological model on mental health outcomes of sexual violence, in the particular context of a war-ridden region.

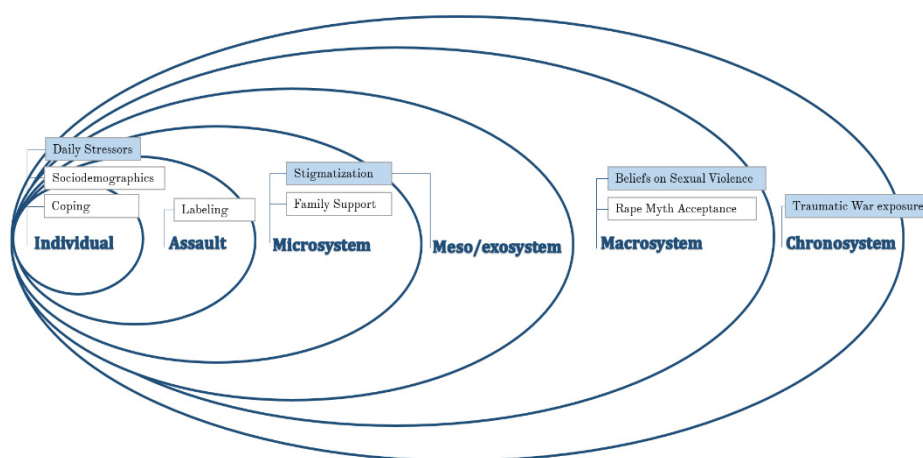


Figure 2 Ecological model to investigate the psychosocial well-being of adolescent victims of sexual violence in eastern Congo

At all socio-ecological levels, as identified by Campbell and colleagues (2009), factors have been identified to shed light on the mental health outcomes of sexual violence in eastern Congolese adolescents.

Following factors on the different levels will be included in our study:

On an **individual level**, *socio-demographic factors*, in particular age and socio-economic status, will be included in order to identify their influence on the mental health outcomes of sexual violence.

Second, as the *labeling* of an experience of sexual violence has been shown to have an impact on the psychosocial well-being of women and girls (Clements & Ogle, 2009), we will include different forms of sexual violence in the research, whether labeled as rape or not. The observed increase of civilian rape in the region (Bartels et al., 2010), and the rising importance of an investigation of wartime rape understood broader than only as strategic weapon of war (Douma & Hilhorst, 2011), urge us to include different forms of sexual violence (so including forms of sexual violence that might not be

labeled as rape, yet abide by all legal definitions to rape). Looking further into some individual factors that might influence mental health outcomes of sexual violence in eastern Congolese adolescents, the model that will be studied includes the factor of *coping*. While avoidant coping has been shown to contribute to negative mental health outcomes such as depression and PTSD, and is moreover related to longer recovery time in Western settings (Campbell et al., 2009), disengagement or avoidant coping strategies have been identified as a potentially protective factor for positive mental health in war-affected settings (Mels, Derluyn, Broekaert, & García-Pérez, 2013). Next to the individual factors identified by Campbell and colleagues (2009), academics and practitioners (Miller & Rasmussen, 2010) point to the importance of *daily stressors* as a possible determinant for the mental health outcomes in warring settings. Referring to stressful living conditions generated by a context of armed conflict, like poverty, social marginalization, economic difficulties, insecurity, etcetera (Ellis, MacDonald, Lincoln, & Cabral, 2008; Miller & Rasmussen, 2010), daily stressors have been found to mediate the relation between war exposure and mental health outcomes. These findings suggest the need for broadening the research focus in war-affected populations, in order to address the impact of ongoing stressful daily living conditions (Miller et al., 2008).

Following possible influencing factors on the **micro- and meso-level** are taken into account, as suggested by Campbell and colleagues (2009): Positive social reactions to sexual violence have been shown to have a positive impact on its mental health outcomes (Atkeson et al., 1982; Thompson et al., 2000). While qualitative studies have accounted to the importance of *social support* on the psychosocial well-being of victims of sexual violence. Therefore, this study includes social support of family members as a possible protective factor. Furthermore we seek to investigate the impact of *stigmatization* on the mental health of adolescent victims. As described earlier, victims of sexual violence in this region often face pervasive stigmatization and discrimination (e.g., Kelly et al., 2012). In Western contexts, where negative reactions to disclosure of sexual violence are less reported (Littleton et al., 2011), the negative reactions to victims of sexual violence have been shown to have a detrimental impact on their well-being (Borja, Callahan, & Long, 2006; Campbell et al., 2001).

On a **macro-level**, the socio-cultural beliefs on rape and its victims have been suggested to have an impact on the individual understanding of sexual violence. Therefore we shall investigate rape myths and other rape supportive beliefs in the population in this war-affected setting.

On a **chronolevel**, we included other war-related traumatic events in order to assess their impact on the mental health outcomes of adolescent victims of sexual violence. Former research in warring contexts has shown that there is a dose-response relationship between reported potentially traumatic experiences and psychosocial well-being (Boothby, 2008; Pedersenm 2002).

1.6.3 Problem statement and research questions

Following the limitations of the current evidence base, as described above, the specific context of eastern Congo and the theoretical framework as delineated above, this study aims to focus on the impact of sexual violence on adolescent girls' psychosocial well-being in the post-conflict context of eastern Congo. The research seeks to shed light on different risk and protective factors associated to the mental health outcomes of sexual violence from an ecological perspective based on the ecological model developed by Campbell and colleagues (2009).

The following **research questions** have been formulated:

1. What are the existing rape myths and rape supportive beliefs in eastern Congo and how are they accepted?
2. How does sexual violence affect the psychosocial well-being of eastern Congolese adolescent girls? How does labeling of sexual violence influence the psychological sequelae?
3. What is the influence of risk factors (i.e. stigmatization, daily stressors and stressful war events) on the psychosocial well-being of adolescent victims of sexual violence?
4. What is the influence of protective factors (i.e. coping and social support) on the psychosocial well-being of adolescent victims of sexual violence?
5. How do adolescent girls make sense of the psychological and social sequelae of sexual violence and their lives?
6. What are the implications of these research findings for clinical and pedagogical practices?

1.6.4 Study design

The aforementioned research questions inspired a mixed-method study design that included three main studies. Through a mix of large-scale quantitative investigation and in-depth qualitative studies, we sought to study the psychosocial well-being of adolescent victims of sexual violence in a comprehensive way.

Study One – a mixed methods study on Rape myths and other rape supportive ideas

In the first study of this PhD project, a mixed-method study sought to get a better understanding on the local ideas on sexual violence, its causes, and existing rape supportive ideas (*research question 1*). Three different methods, namely focus groups, questionnaires and open questions were used to study how sexual violence and its causes are perceived in the local context of eastern Congo. Through this mixed-methods approach, we aimed to grasp rape supportive beliefs and acceptance of culturally-valid rape myths in community members in eastern Congo.

Before executing the main study, a **pre-study** was completed to investigate local rape myths relevant for this particular context of DR Congo. Following the procedure elaborated by Mels, Derluyn, Broekaert and Rosseel (2010), we organised focus group discussions and interviews to collect local (eastern Congolese) ideas on sexual violence. Through snowball sampling, both stakeholders, who professionally deal with victims or perpetrators of sexual violence, and members of different community groups (social workers from national and international organisations, church and community leaders, manual workers and taxi drivers, victims of sexual violence, youth and teachers) were invited to participate. Sixty-six participants of varied age and background, 34 females and 32 males, were included in nine mixed focus groups. Additionally, eight interviews were held with key figures working with victims and perpetrators of sexual violence (e.g., head of the district court and head of the sexual violence unit of Ituri for the UN peace keeping mission). The main question guiding the focus groups and interviews was: *‘What are the ideas that exist on rape and sexual violence, its victims and perpetrators here in DR Congo?’*

Analysis of the qualitative data using a Case-Oriented Quantification Approach (COQA) in MAXqda software (Colins, Broekaert, Vandeveld, & Van Hove, 2008) resulted in a list of locally produced ideas and attitudes on sexual violence and its frequency and priority for the community. This list served as a comparison to an established questionnaire on rape myth acceptance, the short Illinois Rape Myth Acceptance Scale (IRMA) (Payne, Lonsway, & Fitzgerald, 1999), which was judged by the network of professionals as the most applicable in the eastern Congolese context. Next to the 17 rape myths stated in the IRMA, completed with 3 filler items, which were all considered relevant in this particular war-affected context, 17 additional rape myths specific to the Congolese context were added to the questionnaire. The

combined items of the IRMA and the Congolese specific rape myths will be further referred to as the Congolese Rape Myth Acceptance Scale (CRMAS). Next, the adapted IRMA underwent an iterative forward- and back-translation procedure to French (from the original English version) and Kiswahili (from the French version). The final version of the completed CRMAS was fine-tuned and approved by the professional network experts. A first pilot study was conducted with eight participants, who gave feedback on each item. Based on this pilot study, minor adjustments were made in the phrasing of questions and explanations of the questionnaires were elaborated to clarify its purpose. A second pilot study, including the entire procedure of completing the questionnaire, was tested with two groups of both adult and minors, men and women.

One secondary school and one church in each of the five urban neighbourhoods of Bunia, the capital of Ituri district, eastern DR Congo, were randomly selected (n=10). In the included school, second and third year students were asked to participate (n=202). The church was included to reach a large sample of the communities. All members attending the Sunday church group were selected, thereby targeting a diversified sample of the community. Questionnaires were self-administered. This part of the study also included a **qualitative written questionnaire** of the ideas on the causes of sexual violence in school going adolescent boys and girls, church and community members (n=409). Both measurement of the quantitative questionnaire as the free listing qualitative questionnaire were administered together.

This sample was used to study the acceptance of rape myths and local beliefs on the causes of rape in community members in eastern Congo and is reported in **Chapter Two**.

Second study – A quantitative study of the psychological and social well-being of adolescent eastern Congolese girls

The second study aims at documenting sexual violence in adolescent girls, its impact on psychosocial well-being, and the possible association with following factors: type of traumatic experience(s) (sexual violence; other war-related traumatic events), daily stressors, negative coping, social support, rape myth acceptance, and stigma.

Twenty-two secondary schools in all ten neighborhoods across the large region in and around Ituri's main capital city Bunia were selected using stratified sampling in relation to location (rural, suburban, and urban regions) and religion; none refused to participate. In all schools, all female pupils of the second and third grade of secondary school, where literacy and

comprehension of the questionnaires could be assumed, were invited and consented to take part in the study ($n = 1,305$). The questionnaires were administered in a six week period in 2011, during a 60-90 min class period, while the boys of the respective classes were engaged in other activities organized by the teacher. A description of the study was provided to the participants followed by obtaining a written informed consent. Questionnaires were self-administered while being thoroughly guided and structured by the research assistants present. To promote inter-researcher reliability extensive theoretical and practical training was provided to all research assistants (90h). The researcher provided her contact details to participants, as also information on local psychological support projects for those in need of further professional care. The researcher holds a large network of professional psychosocial professional services that were used to refer participants of this particular study to professional psychosocial support services. During the completion of the self-report questionnaires, the researcher or at least two research assistants were present to provide supervision and guidance. Questionnaires were administered in French, since this is the official language in secondary schools, and a pilot study showed that students preferred French questionnaires over translated Kiswahili versions.

Two self-report questionnaires, the Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A) and the Impact of Events Scale-Revised (IES-R) as culturally adapted by Mels and colleagues (2010), were used as broad mental health measures to study symptoms of post-traumatic stress symptoms, anxiety and depression. Next, war-related traumatic exposure and daily stressors were measured through administering the Adolescent Complex Emergency Exposure Scale (ACEES) and the Adolescent Complex Emergency Daily Stressors Scale (ACEDSS) respectively (Mels et al., 2010). Experiences of stigmatization were investigated through a culturally adapted version (Mels et al., 2010) of the Everyday Discrimination Scale (Williams, Yan Yu, & Anderson, 1997). Further, family support and avoidant/disengagement coping were measured by use of the KIDCOPE (Spirito, Stark, & Williams, 1988), and The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Gordon, 1988). Last, a socio-demographic questionnaire was administered of all the respondents. To comply with ethical concerns, the study included an informed consent procedure, and we had set up an aftercare network for psychological counseling and support for the participants, in collaboration with the psychosocial support centre 'Centre for Children in Vulnerable Situations' (CCVS). Statistical analysis (by SPSS) was conducted in order to investigate possible associations between protective and risk factors and psychological well-being.

An in-depth analysis of the data has resulted in a study that sheds lights on the particular role of stigmatization in the relationship between sexual violence and mental health outcomes as is described in **Chapter Three**. Potential risk factors (daily stressors and stressful war-related traumatic experiences) were further studied in relation to sexual violence and psychological well-being of adolescent girls in **Chapter Four**. This analysis paid further attention to the potential impact of labeling the sexual violence as a non-consensual sexual experience or as rape on the psychological well-being. In **Chapter Five**, the role of potential protective factors, i.e. avoidant/disengagement coping and family support are investigated in the relation of sexual violence (labeled as rape or not) and psychological well-being.

Third study – A qualitative study on the entwined psychological and social consequences of sexual violence

To study the sequelae of sexual violence in adolescent eastern Congolese girls from their perspective, the qualitative part of the research comprises in-depth interviews. These in-depth interviews sought to investigate the individual ways of giving meaning the sexual violence and its consequences. 27 adolescent girls who have been victimized were selected through professional organizations providing support (material, physical and/or psychological) to victims of sexual violence. These organizations were contacted to recruit randomly 27 girls (aged 14 to 19) who have been victim to sexual violence and speak French. One in-depth interview was conducted with each of the girls. The aim of this research was to let girls tell their stories. Stepping beyond a labeling approach, this qualitative study aimed at discussing challenges, strengths, and resources these girls experience in the aftermath of sexual violence. As such, it was a way to learn about the qualitative meaning giving to the psychological and social consequences of sexual violence on an individual as well as on a community level. Analysis of these in-depth interviews was done using NVivo8, and further deepened with the theoretical framework of 'embodiment'. This study and its results are depicted in **Chapter Six**.

The findings of our three studies are presented in **Chapter Seven**. The main conclusions rising from our research are described in response to the research questions that guided our studies. Also the contribution of the conclusions to the theoretical ecological framework is elucidated. Further, the strengths and limitations of our three studies are described. Subsequently further implications and suggestions for research are made envisioning to

strengthen the evidence base. Given the practice-oriented nature of these studies particular attention is given to the implications for clinical practice in **Chapter Eight**. Here the ecological approach forms the backdrop of illustrations from clinical practice and concrete recommendations for practice with victims of sexual violence.

1.6.5 Methodological framework

In the study design, we use following overarching methodological framework, which can be framed around following main concepts.

Ecological

While previously research on the mental health outcomes of conflict on children and adolescents was primarily inspired by a dose-effect relation within a trauma focused approach (Miller et al., 2006), a recent wave of criticism has inspired the development of an ecological approach (Miller & Rasmussen, 2010). These ecological frameworks, built on the work of Uri Bronfenbrenner (1979), have inspired a broader analysis of mental health outcomes in warring settings. Bronfenbrenner (1979) describes how the development of human potential is embedded in social ecologies around the individual. As such, different social ecological systems in which the individual is nested and by which he/she is affected, are identified. An ecological approach identifies different factors on an individual, micro- (e.g., family, friends), meso- (e.g., support providers, community members), and macro-level (e.g., politics, law, social norms,...), as being influential in the psychological development of the individual. A contextualized investigation, inspired by this ecological theory, seeks to shed light on the complex interplay of resources and stressors influencing mental health in warring contexts (Boothby, 2008). As such, war not only affects the individual, but destabilizes all different levels of the social-ecology system and relationships, hereby impacting individuals' psychosocial well-being (Boothby, 2008; Pedersen, 2002). Yet, while risk factors on all social ecologies might influence individuals' psychological development, multi-layered analysis also sees an individual as affected by multiple systems and relationships that endow potentialities of protecting or ameliorating psychosocial well-being of individuals.

A similar ecological framework lays the grounds for current research on the mental health outcomes of sexual violence in Western contexts. This study's framework, the ecological model of Campbell and colleagues (2009), as discussed earlier in this chapter, offers an ecological perspective to investigate mental health outcomes of sexual violence. This model enables

researchers to identify both protective and risk factors that are involved in the mental health impact of sexual violence. These can not only increase comprehension of factors associated with mental health outcomes on different social ecological levels, but can also inform multiple strategies of intervention and prevention (Campbell et al., 2009).

Social constructionism

In a perspective of social constructionism, human life exists as it does due to social and interpersonal influences (Gergen 1985). In this framework, this study seeks – while however not denying the influence of nature or genetics – to focus on investigating the social influences on communal and individual life. Social constructionism seeks to *‘elucidate the process by which people come to describe, explain, or otherwise account for the world in which they live’* (Gergen, 1985, p.3-4). While research with victims of sexual violence in the West is often understood from a different perspective, more than often Congolese survivors of sexual violence are perceived as ‘to be seen’. ‘Rape tourism’ has emerged and inspired mainly women (from researchers to journalists and celebrities) to come to the region to fulfill the re-enactment of the ‘White Woman’s burden’ (Erikson Baaz & Stern, 2013), *‘to save the brown women from brown men’* (Spivak, 1988, p.93). Whether for white women on a mission to save their underprivileged ‘sisters’, or as a subject of journalists trying to find the most grueling mass rape stories to report, rape survivors in the East of Congo emerge as the visitor’s private zoo (Trinh, 1989). They are seen as subjects of investigation, while rarely a need of protection from intrusive questioning or re-traumatization is acknowledged or respected (Sontag, 2003). In this research, we therefore try to involve the victim’s voices. Through a careful combination of both qualitative as quantitative research methods, this study seeks to explore sexual violence and its mental health outcomes and the associated risk and protective factors from the perspective of girls and other stakeholders. Social constructionism hereby serves as a starting point for this research and implies working with all stakeholders and psychosocial professionals to design and execute research. Local knowledge and experience (both professionally and otherwise) form the base of the research, hereby constantly discussing and re-framing research questions and results with practitioners and victims of sexual violence. Social constructionist views stimulate research stooled on an understanding of definitions and perspectives from girls and other local stakeholders. While the researchers themselves are informed of both national and international laws on sexual violence, this research seeks to start from a local perspective on sexual violence, its definitions, and its causes. Through an investigation of how victims and their social ecology understand

experiences of sexual violence, we seek to provide a starting point of understanding. Within the framework of this study, we do not seek to label any person, or define any experience as rape. We do want to understand the way adolescent girls make meaning of those experiences, and, furthermore, how they perceive the psychosocial consequences they endure. We designed a study that involves the cooperation of researchers, institutions, organizations, and/or communities, each bringing distinct expertise to a project, and that is characterized by respectful relationships. Seeking to shed light on different social dimensions of rape (as inspired by the ecological model of Campbell and colleagues), this study will explore local attitudes and ideas on sexual violence that influences the intertwined psychological and social well-being of victims of sexual violence. These attitudes and local beliefs are social knowledge, influencing behavior of perpetrators, well-being of victims, judgments of judiciary workers, and reactions of communities and services, thus form the base of local theories on sexual violence, not necessarily coinciding with international perspectives, and should form the core inspiration to tackle the problem of sexual violence.

Additionally, stories of raped women in this region are often listened to in a particular way, as if only the 'rape victim' and the content related to rape are important. This singular way of listening to victims of sexual violence reduces them to a singular story, while their stories are multi-faceted (Erikson Baaz & Stern, 2013). This study seeks to 'listen' to the multifaceted story of victims of sexual violence, amongst others, through a participatory study offering girls who have experienced sexual violence to tell their story as they want to tell it. In that sense, this study upholds the belief that a story is neither singular nor static, and can have many different layers that might change and evolve over time. Through this research, we seek to move beyond a traditional qualitative understanding of the voice of a research subject that is easily categorized, and reflects an unmistakable truth. Instead, especially the qualitative part of the study is aware of the production of meaning in a positioning voice that is not normative but transgressive (Mazzei & Jackson, 2010). A social constructionist approach wants to offer adolescent victims of sexual violence and their social ecology a place to share their views and perspectives. A broader scope enables this study to go beyond an anthologizing approach into a strengths-based approach, offering a platform where also their strengths, solutions, and perspectives for change are truly listened to. With ample attention for strengths and resources, this study seeks to remain balanced in shedding light on factors influencing psychosocial well-being of victims of sexual violence, and at the same time not overshadowing the real problems and difficulties they experience.

Linked to practice

This dissertation is inspired and shaped by the theoretical frameworks underlying a comprehensive methodological design. Additionally, however, the research is strongly shaped by a vision that is rooted in the vision of the Centre for Children in Vulnerable Situations (CCVS), an interuniversity organization combining research and practice in their work with children in vulnerable situations in the South. The research described in this dissertation is embedded in the research and practical work of CCVS and is consequently inspired by its aims and mission.

Specific context: CCVS-DR Congo

The Centre for Children in Vulnerable Situations, an interuniversity cooperation between three Belgian universities (Ghent University, University of Brussels, and K.U.Leuven), has built a large experience on the promotion of the psychosocial well-being of children living in vulnerable situations in the South (www.centreforchildren.be). The overall aim to enhance the psychosocial well-being of these group of children and adolescents is reached through, firstly, carrying out several studies; secondly, psychotherapeutic counselling and training; and, thirdly, training and dissemination activities. Above, these three main activities are largely intertwined, for example wide-scale dissemination of research findings (through local workshops, international lectures, publications,...), research on the impact and effectiveness of psychotherapeutic counselling and on training activities,... (www.centreforchildren.be)

Amongst many other activities, the Centre had also an important impact in the 2010 Review of the Implementation Strategy of the EU Guidelines on Children and Armed Conflicts, through, amongst others, the organisation of the Conference “Reintegration and Rehabilitation of War-Affected Children” (2009, Brussels). Above, recently, a new series of recommendations were issued at a large international conference in Kampala, Uganda, to inform policies and practitioners on interesting practices on support for war-affected children (www.kampala2013.ugent.be).

CCVS has chosen to only focus on psychological and psychosocial well-being of children affected by armed conflicts, given that an in-depth offer of and research on psychological well-being in these populations is absolutely lacking (the “psychosocial” support many organisations offer is mainly focussing on the “social” rather than on the “psycho”-aspect). Moreover, a combination of providing clients with both material and emotional support can compromise the therapeutic relationship extensively. Therefore, a unique focus on only psychosocial well-being is put forward, notwithstanding

large collaboration networks with other organisations in order to realise adequate referral systems of clients.

Since 2010, CCVS has installed two psychotherapeutic centres in war-affected regions in Africa, namely in the East of Congo and in Northern Uganda. These centres were started up to provide psychosocial support to children and youths affected by war through a range of activities.

The centre of CCVS-RDCongo was started up in April 2010 and officially inaugurated on the 15th of November in 2010. The psychosocial support centre in Bunia, Ituri (Province Orientale) seeks to promote the psychosocial well-being of children and youths affected in the region through five main activities:



(1) Psychological support of children affected by armed conflict: children with emotional problems can receive psychological support through individual therapy, family therapy and/or group therapy (e.g., groups of victims of sexual violence, mother groups, parent groups,...). CCVS has already provided psychological support to 302 families, hereby working with children and caregivers. All therapeutic activities have a context-oriented focus, meaning that they involve the context of the child, directly or indirectly, in the therapeutic process. Hereby, a resources- and strengths-based approach is used, whereby the therapist seeks resources in the context of the child, in order to create a stronger social and supporting network around the youngster. CCVS provides group therapy to particular vulnerable groups in the community like teen mothers, children living on the streets, children in conflict with the law,...

(2) Sensitization in communities on the negative consequences of violence on children: through sessions in the communities, in schools and churches, and through radio shows entire communities are sensitized about

the impact of violence on children, hereby aiming at the prevention of further stigmatization and also the prevention of violence itself. A particular focus is put on sexual violence and its consequences.

(3) Training of local and international organizations, local authorities, and security personnel working with children affected by violence: training of these organizations to enhance their skills in psychosocial support of children and their contexts. A range of over 16 organizations have already been trained, amongst which large international NGO's, such as COOPI and Medair. In total, over 220 mental health professionals in the eastern Congolese region have received intensive training and supervision by C CVS since December 2010. Also the National Congolese Police (PNC) has received training and follow-up from C CVS on the psychosocial impact of violence on children and families. Every training C CVS provides is tailored to the needs of the organization and carefully combines practical skills training with scientifically supported theories. Hereby, C CVS has trained organizations in providing psychosocial support to children affected by war, in establishing psychotherapeutic support to victims of sexual violence, around care of the caregivers, and in how to evaluate programs and psychosocial activities. Part of these training activities takes place with support of Vlir-UOS.

(4) Research on the psychosocial well-being of children and youths: research on the impact of sexual violence on girls' mental health, and on the impact of the therapeutic support offer on the children's well-being

(5) Community therapy to prevent violence and promote intra- and inter-community mechanisms promoting psychosocial well-being: Specific activities are created to enhance the social support networks in communities, hereby also aiming at reducing the ongoing inter-ethnic tensions in the area. Together with local partners, C CVS goes to communities in the Province Orientale and sets up a community therapy group in which space is created for psychosocial support and dialogue. While the negative consequences of the war on the social tissue of society and the cohesiveness in communities are apparent, community therapy brings different people in the same communities back together. A positive approach that invites community members to (re-) take up a dialogue of understanding, to support each other emotionally, and to use available resources in the community more intensively. The examples are myriad where community members have reconciled with neighbors, where people have taken the step to seek help, where different communities have decided to re-start a dialogue, where people have re-discovered skills and resources they have always possessed through the dialogue of community therapy, etcetera. This project is supported by the Trust Fund for Victims of the International Criminal Court. As indicated, through all activities, a special emphasis is put on girls who are

victim of sexual violence, on former child soldiers and on children living in the streets.

CCVS has built up a network of psychosocial partners in the region of the Province Orientale and eastern Congo. Through collaboration with local and international partners, CCVS is able to strengthen the psychosocial support that is already given to children, youths, and families in the region. Moreover, CCVS strongly values a strong collaboration with existing structures in the region, e.g., providing training to hospital staff that are in daily contact with children and youths in vulnerable situations. Also a strong relationship has been established with governmental structures as the Police de la Protection de l'Enfance, the children's tribunal and the prison of Bunia. Hereby, CCVS has provided support to the different services by providing them with information on the psychosocial consequences of violence, served as a point of reference for a number of children and families, and also provided group therapy to for example children in prison.

CCVS-RDC organizes also workshops and local conferences on a yearly basis to inform local and international organizations working with children about the research conducted and the psychological support provided by CCVS. These workshops also provide an important source of feedback on results and conclusions of research, and invite local professionals to formulate pertinent and relevant research questions.

During these years CCVS-RDC has been functioning in the region, its expertise and importance in the field of psychosocial support to children affected by war has increased and become apparent. Both local, national and international organizations have solicited the expertise of CCVS to train and support them in their psychosocial activities. Through its different activities, CCVS aims to promote the psychosocial well-being of children, youths, and their families affected by war in eastern Congo. First and foremost, CCVS aims to provide activities that will have an impact on the psychosocial well-being on the communities in a durable and qualitative way. In the complement of training, sensitization on mental health, community approach, and qualitative and professional psychological care, CCVS has established a comprehensive offer to the children, their communities, and the region. Foremost CCVS aims to integrate its offer in existing structures to assure the durability of the project.

The center is run by local Congolese staff, with supervision of a Belgian coordinator (An Verelst), the author of this dissertation, and the overall coordinator of CCVS (Prof. dr. Ilse Derluyn). It is closely supported by the Belgian universities that continuously provide practical support, scientific training and supervision, specialized training in psychosocial support, etcetera.

The combination of practice-oriented research and practice enabled the researchers to constantly implement and contextualize results, re-formulate research questions based on feedback from different stakeholders and psychosocial professionals, and to learn from practice and interventions to strongly found research questions and methodology in practice.

1.6.6 Ethics

As the research was conducted within the framework of CCVS, the ethical considerations and precautions entwined throughout this study were embedded in a strong ethical framework that guided the psychosocial and research activities conducted by CCVS both in Congo and abroad. Well aware of the particular sensitivities of the research topic, the research design of this study has continuously been the subject of ethical consideration within the Department of Social Work and Social Welfare studies, the ethical committee of the Faculty of Psychology and Educational Sciences of Ghent University, the CCVS RDC psychosocial support team and the Centre for Children in Vulnerable Situations' research group. Throughout the study, continuous ethical guidance was provided both by the promotor and co-promotor of this study as by the Guidance Committee of the doctoral dissertation.

Several precautions were taken to protect the participants' integrity and rights and to avoid placing them at significant mental or physical risk, in maximum compliance with the Ethics Code of General Principles and Ethical Standards of the American Psychological Association (2010). However, we were thoroughly aware of the specificity of these guidelines that are often unadapted to the complexities of humanitarian settings (Wessells, 2008). Continuous critical reflection on the research and its implications for the participants and other stakeholders, complemented with continuous consultation of local experts, formed therefore the basso continuo of our research project.

A primordial ethical concern to this study comprised of the possible necessity for professional support of the research participants. As shortly described in the faceted study design above, each study in this research project was contrived to facilitate professional psychosocial support to participants of the studies. We provided contact details of CCVS-RDC psychosocial support centre to all participants, as well as information on other local psychosocial support projects for those in need of further professional care. As the research was conducted with the CCVS-RDC psychosocial support center as a base, throughout the research we could offer and provide specialized psychological support to individuals, groups, and families tailored to the individual participants of the study. Since CCVS-RDC has also established a

large network of grassroots, national and international organizations, as well as governmental institutions, participants with particular questions or concerns that didn't fall within the realm of psychosocial support activities of CCVS-RDC could be referred to other service providers in an adequate and professional way.

Also, throughout the research, an emphasis was put on confidentiality and privacy of the participants. As well-described in the APA ethical guidelines (2010), every study complied with requirements on consent. All participants were offered an informed consent form (informed assent in the case of minors), and received detailed oral explanations on the study at hand. More detailed descriptions of informed consent procedures were discussed above in the section elucidating the study design.

The ethical concern of confidentiality and privacy of participants were attended to from the established ethical framework that guides the psychosocial support activities of CCVS-RDC. Through clear and ample provision of information about the aim, content, and course of the research, both orally as written, all participants were extensively informed. As CCVS strongly abides by all ethical principles on confidentiality, both in clinical practice as in research, we rigorously protected the confidentiality of the data. Even more so, considering the social taboo that rests on the research topic of sexual violence, which influences social reactions, labeling, social support and feelings of guilt and shame, the privacy of all data of children and adolescents who have experienced sexual violence and who are linked to either research or clinical practice activities of CCVS is safeguarded.

Another ethical concern that rose during the research process was avoiding the pitfall of stepping in as a 'rape tourist' or 'feminist emancipator' (Eriksson-Baaz & Stern, 2013). Every step of the research process was done in collaboration with Congolese CCVS colleagues, which facilitated a constant process of feedback and reflection on our role as researcher from different perspectives. Moreover, the embeddedness of the research in the context of CCVS-RDC provided an important opportunity to provide 'something in return' to the local communities. Through the support center for CCVS and its various activities, some of the research and its findings could contribute to the provision of more and adequate support to the victims of sexual violence and their communities.

The combined role as a researcher and coordinator of the CCVS-RDC center implied a continuous reflection on the possibilities and methodological and ethical limitations in the design and implementation of the research. Through the extensive and continuous guidance of all aforementioned research groups and guidance committees, combined with the intense collaboration with the team of psychosocial experts in CCVS-RDC, continuous reflections guided towards ethically sound decisions throughout the research project –

considering the ethical standards set by CCVS-RDC for clinical practice and research.

Furthermore, the research was carried out by a white Caucasian researcher, which undoubtedly influenced the way the research was perceived and therefore guided the way it was designed and carried out. As a white researcher in a black African context, the importance of collaboration was key. Every step of the research was set in collaboration and physical presence of a local researcher, aware of the cultural and local expectations. As being white in a humanitarian context is unavoidably linked to an elaborated set of expectations (e.g., material, financial), constant critical reflection with the Congolese CCVS-team was crucial throughout the research process.

1.6.7 Concepts

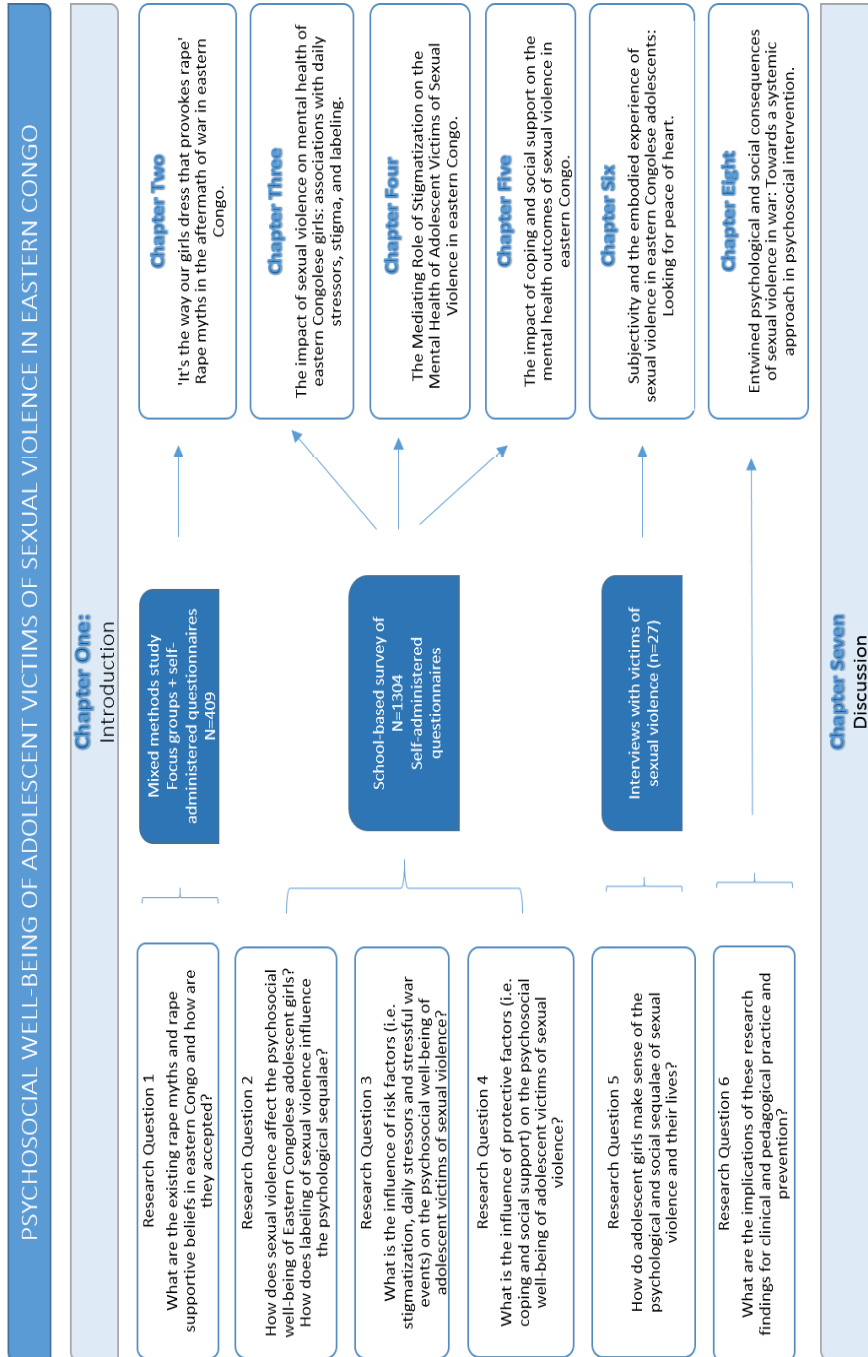
Sexual violence

As described above, we abide by international definitions on sexual violence. We start from the definition on sexual violence as it is provided by the WHO: *“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”* (Jewkes et al., 2006, p.149). This definition includes the concept of coercion which aims to describe different forms of physical or psychological coercion or threats (Jewkes et al., 2002) in enforcing a sexual relationships. While most sexual violence surfacing in our study abides by the definition of rape or *“coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object.”* (Jewkes et al., 2002; p.149), we intentionally chose to employ a broader definition of sexual violence. Especially considering the rather narrow perspective that is being upheld on rape ‘used’ in armed conflict, this study abides by a broader definition that includes not only rape but also other sexual coercive experience. The concept of ‘non-consensual sexual experience’ is in this sense often used and defined as *“a range of behaviors including unwanted penetrative sex, attempted rape, unwanted touch, non-contact forms of abuse”* (Jejeebhoy & Bott, 2005, p.9; Erulkar, 2004).

Psychosocial well-being

Psychological development and mental health are embedded in a larger social context. Psychosocial frameworks have been developed as a response to trauma-focused models in the study of mental health outcomes of sexual

violence (Miller & Rasmussen, 2010). Psychosocial models seek to develop an approach that goes beyond an individual psychiatric analysis to studying psychological functioning embedded in a larger social environment. This study, entitled the psychosocial well-being of adolescent victims of sexual violence in eastern Congo, refers to this psychosocial functioning. A psychosocial approach is adopted based on the acknowledgment of social processes next to neurobiological processes involved in the determination of mental health and well-being (Rössler & Haker, 2003). A psychosocial approach to mental health in warring contexts sheds light on the stressful social and material conditions created or exacerbated by armed conflict, such as displacement, poverty, destruction of social networks, losses, insecurity and social reactions (Boothby, Strang & Wessells, 2004; Wessells & Monteiro, 2004), and the impact they have on mental health. From a psychosocial perspective, interventions aiming to deal with these stressful conditions, while fostering recovery, will be important to promote positive mental health (IASC, 2007). Recent research, informed by an approach beyond the trauma-focused and dose-effect of war-related traumatic events, forms a strong research base to plead for an integrated and sequenced intervention in the promotion of mental health and psychosocial well-being (Miller & Rasmussen, 2010). In the field as well, a considerable increase in psychosocial programming has been observed, aiming to provide a more holistic support to war-affected populations (Wessells & Van Ommeren, 2008), with increasing attention for daily stressors, social networks and psychological well-being.



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Grace was living in the Northern parts of the jungle in Congo. There had been rebel activity in the region but in general it was calmer than the regions to the South. Grace had a quiet life in the jungle, in the morning she would work in the homestead to look for water and food, in the afternoon she could go to school in the Catholic school a few miles from her house. The town she lived in felt peaceful with impressive Belgian colonial buildings tucked away in the jungle. One day the national army came on their way back from the front where they had fought a rebellious army more to the East. They drank after their victory, made amok in the town and violently threatened the civilians. On the night before they left they kidnapped girls to take as their wives... among them Grace. It was the worst time of her life, as she was taken hundreds of miles away to a military camp. She had no idea where she was... She had never been out of her community... the people around her spoke languages she had never heard, the landscape looked different and there was nothing she could recognize. The man that she was 'given' to violently raped her, every night. The first two months of her time in the camp Grace was tied up so she was unable to leave. After this time her new 'husband' got convinced that she wouldn't escape and let her out of the house, yet still inside of the camp. She lived in captivity for the next years. During the day Grace had to cook and take care of the hut that she now called her 'home'. Time passed by and the life she was living felt like hell. There was nothing good about the life there, she just survived. Grace survived on dreaming of another life. She wanted nothing else than escaping this life... but where would she go? She didn't know any people? And she knew very well that her 'husband' would harm or even kill her if he would find her running away. Time passed, and Grace got pregnant of a baby boy. With barely enough to eat for herself, she struggled to feed her child. The long days in the camp would allow her to worry about her life, about how she got here, about her health. She didn't know the health status of her husband, and she was scared if he would have made her sick. As the years passed she would hear the other people in the camp, talking about towns in the region, Mambasa, Bunia – 'Didn't she have an auntie in Bunia?' After two years in the camp her husband got killed in battle with a rebellious group. Alone to take care of her child Grace, she decided to escape the camp before she would be claimed by another soldier. She made a deal with a driver who spoke Lingala to bring her to Bunia in exchange for some petty cash. He agreed and two days later she found herself in a town that had flood with refugees of violent wars. Grace managed to survive by taking up chores for people, like fetching water and digging in their fields. After some time she met her auntie who let her live in her house and even paid for the baby's food. As years passed Grace gave up hope to ever find the money to go back to her home region. She survives and now even goes to school. Most of the times she worries about her health, she feels she is getting weaker but doesn't have the money to pay to see a doctor. And could he even help her? Most probably she will never know whether anything of what she feels is due to any diseases. Her strength to go on is to be found elsewhere. She goes to church every week, and it is her faith that fuels her with courage. Three times a week Grace sings in a choir and it is then that she feels filled with true joy and forgets about her struggles.



Chapter Two

‘It’s the way our girls dress that provokes rape’. Rape myths in the aftermath of war in eastern Congo*

* Based on Verelst, A., De Schryver, M., Broekaert, E., & Derluyn, I. (submitted) ‘It’s the way our girls dress that provokes rape’. Rape myths in the aftermath of war in eastern Congo. Manuscript submitted for publication.



Abstract

Through a cross-sectional survey design, a stratified random sample of 409 minors and adults living in war-affected eastern Congo, was consulted on their acceptance of culturally relevant rape myths and their perceptions on the causes of sexual violence. Statistical analysis showed that rape myths are rather strongly accepted, especially those blaming the victims and exonerating the rapists. The primary cause of rape identified by participants was 'the way girls and women dress'. These findings call for consideration of local beliefs about sexual violence and its victims in development of programs aiming to prevent or redress sexual violence and its consequences.

2.1 Introduction

One in three women worldwide have experienced serious forms of sexual violence (being battered, coerced into sex or otherwise abused) (United Nations Development Fund for Women UNDFW, 2008). As the most pervasive human rights violation (UNDFW, 2008, p. 1), sexual violence has a pernicious impact on its victims (Jewkes, Sen, & Garcia-Moreno, 2002). A vast body of literature describes the destructive sequelae of sexual violence on physical, psychological, social and economic levels, amongst others (Bartels, Scott, Leaning, Mukwege, Lipton, & VanRooyen, 2010; Bohner, Pina, Viki, & Siebler, 2010; Briere & Jordan, 2004; Faravelli, Guigni, Salvatori, & Ricca, 2004; Goodman, Koss, & Russo, 1993; Kilpatrick, Amstadter, Resnick, & Ruggiero, 2007; Ullman & Brecklin, 2003). Furthermore, sexual violence has a broader extensive influence on gender inequality, limiting the freedom of movement and quality of life of all women, due to but not limited to, a daily fear of rape (see e.g., Brownmiller, 1975; Mirrlees-Black and Allen, 1998).

Eastern DR Congo has been described as the worst place on earth to be a woman (Clifford, 2008), mainly referring to the widespread and horrific use of sexual violence as a weapon of war in its armed conflicts. A decade long conflict has deeply harmed and devastated the Congolese society; its population hurt and destroyed by human rights abuses of all sorts (Pottier, 2008; Prunier, 2009). Sexual violence has been vastly used during these armed conflicts as a weapon of war, and militarized sexual violence is still reported until today (Bartels, VanRooyen, Leaning, Scott, & Kelly, 2013). Although numbers on sexual violence in eastern DR Congo are scarce and subject to several limitations (US Government accountability office, 2011), most likely leading to underreporting (Douma & Hilhorst, 2012; Group HSR: Human Security Report, 2012), high prevalence of sexual violence in the region is reported, not only in warring contexts but also in families and communities (Devries et al., 2010; Peterman, Palermo, & Bredenkamp, 2011). The latter testifies to a more civilian character of rape (Douma and Hilhorst, 2012), described as a 'normalization' or 'civilization' of rape, based on an observed decrease in sexual violence by military perpetrators and a considerable increase of reported sexual violence by civilian perpetrators (Bartels, VanRooyen, Leaning, Scott, & Kelly, 2010; Douma & Hilhorst, 2012). This 'normalization' of rape necessitates paying attention to the sociocultural gender dynamics involved (Douma & Hilhorst, 2012). Sexual violence is interwoven with sociocultural gender norms and, as in many countries, including DR Congo, these norms support the idea that women should be powerless and submissive, need to obey their husbands and fulfill men's

sexual needs (Dolan, 2010; Pankhurst, 2008; Puechguirbal, 2003). These gender norms can increase physical and sexual violence against women or justify its use (Dolan, 2010; Heise, Ellsberg, & Gottemoeller, 1999; Jejeebhoy & Bott, 2005). Therefore, particular forms of sexual violence that abide by all legal definitions of rape (e.g., forced early marriages) might not be labeled as such from a sociocultural perspective (Muchukiwa, 2010), thereby rendering different forms of sexual violence, like domestic sexual violence and non-consensual sexual experiences, invisible (HSR, 2012; Jejeebhoy & Bott, 2005). Sexual violence in family or intimate partner settings (Devries et al., 2011; Peterman et al., 2011) are often considered normal (Sonke Gender Justice Network, & Promundo, 2013) and, up until recently, accepted by Congolese law (Mechanic, 2004). Victims of sexual violence are moreover often blamed for what happened to them (Kelly, Kabanga, Cragin, Alcayna-Stevens, Haider, & VanRooyen, 2012), leading to large negative social reactions including blaming, stigmatization, rejection and discrimination of the victim (Bartels et al., 2010b; Bohner et al., 2010; Kelly et al., 2012). The negative attitudes towards rape and its victims, which are linked to sociocultural gender norms on inequality (e.g., Boakye, 2009), also influence their apprehensiveness to disclose or seek help in fear of stigmatization (Duroch, McRae, & Graiss, 2011; Kelly et al., 2012; Steiner, Benner, Sondorp, Schmitz, Mesmer, & Rosenberger, 2009). In order to foster a deeper understanding of the negative social reactions to rape and the sociocultural dynamics in which they are embedded (Douma & Hilhorst, 2012), we need to shed light on the local beliefs and attitudes about sexual violence (Littleton, 2011).

In order to study these local beliefs and attitudes on sexual violence, we turn to the concept of “rape myths”. Bohner (1998: 14) describes rape myths as *“descriptive or prescriptive beliefs about rape (i.e. about its causes, context, consequences, perpetrators, victims and their interaction) that serve, deny, downplay or justify sexual violence that men commit against women”*. Bohner, Eyssel, Pina, Siebler, & Viki (2009) set out four types of rape myths: ideas that blame victims for being raped (e.g. women provoke rape by the way they dress); false allegations of rape (e.g., women falsely accuse men of raping them to get back at them); exonerations of the perpetrator (e.g., men don’t intend to rape, they are driven by their sexual urges); and allegations that only a certain type of women are raped. Research has shown that rape myths are found in both Western (e.g., Bohner et al., 2009; Frese, Moya, & Megias, 2004) and non-Western settings (Boakye, 2009; Oh & Neville, 2004), yet seem to vary cross-culturally, which begs for a culturally sensitive approach when investigating rape supportive beliefs (Littleton, 2011).

Most studies show that men are more likely to endorse rape myths (Anderson & Swainson, 2001; Johnson, Kuck, & Schander, 1997; Oh & Neville, 2004; White & Kurpius, 2002), although others do not find evidence for this relation (Süssenbach & Bohner, 2011). Results about the impact of age on rape myth acceptance (RMA) revealed inconsistent results (Amnesty International UK, 2005; Süssenbach & Bohner, 2011). Rape myths influence thoughts and behavior related to rape (Bohner et al., 2009) in both lay people (Gerger, Kley, Bohner, & Siebler, 2007) and professionals dealing with victims and perpetrators (Brown and King, 1998; Feldmann-Summers & Palmer, 1980). People agreeing with rape myths are more likely to blame the victims and judge the victim's trauma as less severe (Frese et al., 2004; Stormo, Lang, & Stritzke, 1997). Rape myths are also thought to perpetuate sexual violence by trivializing, denying, or justifying sexual violence against women (Bohner et al., 2009; Burt, 1980; Lonsway & Fitzgerald, 2006). Additionally, such myths may lower awareness of variations of experiences of sexual violence, hinder support-seeking if the sexual assault does not fit the stereotypes (McGee, O'Higgins, Garavan, & Conroy, 2011) and hence prevent victims from acknowledging an experience of sexual violence as rape (Botta & Pingree, 1997; Moor, 2007; Peterson & Muehlenhard, 2004). Furthermore, attitudes on rape that attribute guilt to the victim are likely to induce self-blame in the victim, which significantly impacts the psychological recovery processes (Frese et al., 2004), since victims' mental health is largely adversely impacted by negative social reactions (Borja, Callahan, & Long, 2006; Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Verelst, De Schryver, Broekaert, & Derluyn, 2014).

Although some studies were undertaken to gather data around rape myths, little is known about these ideas in war-affected regions, where rape has been massively used as weapon of war, and is still being carried out on a large scale. This study, therefore, will not only increase our knowledge regarding rape myth acceptance rates in war-affected regions – in particular in the East of DR Congo, and the possible difference herein related to age and gender – but may also largely inform interventions and programs aiming to prevent sexual violence and its consequences in these (post-)conflict regions.

2.2 Methods

2.2.1 Context

The study was conducted in Ituri district, eastern DRC, a region afflicted by armed conflicts for decades (Human Rights Watch, 2003; Médecins Sans Frontières, 2005). This complex political emergency, involving different governmental and non-governmental actors and closely tied to national and regional conflicts and ethnic discourses, was marked by numerous human rights abuses, including the massive killing of more than 60,000 civilians and the displacement of approximately 500,000 (Human Rights Watch, 2003). While in 2003 peace was officially installed by peace agreements, peace remains difficult in a region where local rebel activity, unresolved land disputes, a weak judiciary system and local conflicts scorn the population and lead to forced displacement and possible insecurity (Davis and Hayner, 2009).

2.2.2 Pre-phase: local idioms of rape myths

Before executing the main study, a pre-study was completed to investigate local rape myths relevant for this particular context of DR Congo. Following the procedure elaborated by Mels, Derluyn, Broekaert and Rosseel (2010), we organised focus group discussion and interviews to collect local (eastern Congolese) ideas on sexual violence. Through snowball sampling, both stakeholders, who professionally deal with victims or perpetrators of sexual violence, and members of different community groups (social workers from national and international organisations, church and community leaders, manual workers and taxi drivers, victims of sexual violence, youth and teachers) were invited to participate. Sixty-six participants of varied age and background, 34 females and 32 males, were included in nine mixed focus groups. Additionally, eight interviews were held with key figures working with victims and perpetrators of sexual violence (e.g., head of the district court and head of the sexual violence unit of Ituri for the UN peace keeping mission). The main question guiding the focus groups and interviews was: *“What are the ideas that exist on rape and sexual violence, its victims and perpetrators here in DR Congo?”*

Analysis of the qualitative data using a Case-Oriented Quantification Approach (COQA) in MAXqda software (Colins, Broekaert, Vandeveld, & Van Hove, 2008) resulted in a list of locally produced ideas and attitudes on sexual violence and its frequency and priority for the community. This list served as a comparison to an established questionnaire on rape myth acceptance, the short Illinois Rape Myth Acceptance Scale (IRMA) (Payne, Lonsway, & Fitzgerald, 1999), which was judged by the network of professionals as the most applicable in the eastern Congolese context. Next to the 17 rape myths stated in the IRMA, completed with 3 filler items, which were all considered relevant in this particular war-affected context, 17 additional rape myths specific to the Congolese context were added to the questionnaire. The short version of the IRMA was combined with a list of Congolese specific rape myths which were formulated for this study based on the analysis of the qualitative data assessing culturally valid rape myths. The combined items of the IRMA and the Congolese specific rape myths will be further referred to as the Congolese Rape Myth Acceptance Scale (CRMAS). Next, the adapted IRMA underwent an iterative forward- and back- translation procedure to French (from the original English version) and Kiswahili (from the French version). The final version of the completed CRMAS was fine-tuned and approved by the professional network experts. A first pilot study was conducted with eight participants, who gave feedback on each item. Based on this pilot study, minor adjustments were made in the phrasing of questions and explanations of the questionnaires were elaborated to clarify its purpose. A second pilot study, including the entire procedure of completing the questionnaire, was tested with two groups of both adult and minors, men and women.

2.2.3 Questionnaires

Participants completed three self-report questionnaires in their preferred language. First, a sociodemographic questionnaire inquiring about gender, age, level of education, contact with victims and perpetrators of sexual violence, and whether they are acquainted with any victims of sexual violence.

Second, the CRMA, a culturally adapted version of the short IRMA, was administered. The initial short version of the IRMA encompasses 17 items, which are scored on a Likert scale (from 1 to 5). Seventeen items, also to be scored on the same Likert scale, were added to incorporate local idioms of rape myths. Chronbach's alpha's of the IRMA scale was .74. Chronbach alpha for the IRMA was .55, .66 for the Congolese rape myths, and .74 for the entire questionnaire.

Third, to complement the quantitative questionnaire, we included one free listing question examining participants' ideas on the causes of sexual violence: "*What are the causes of sexual violence?*"

2.2.4 Participant group

In September and October 2010, one secondary school and one church in each of the five urban neighbourhoods of Bunia, the capital of Ituri district, eastern DR Congo, were randomly selected (n=10). In the included school, second and third year students were asked to participate, none refused (n=202). The church was included to reach a large sample of the communities. All members attending the Sunday church group were selected, thereby targeting people of different geographical, tribal, socio-economic background; over 95% participated, with non-response primarily related to illiteracy (n=207). In total, 409 people participated in the study, 44.0% (n=180) male, 56.0% (n=229) female; 207 (52.6%) under 18 years of age and 187 (47.5%) adults (table 1).

Written consent was acquired from all participants, after having explained the aims of the study. Questionnaires were self-administered, although thoroughly and intensively guided by the researchers, and lasted on average one hour. All participants were also informed that, if needed, extra psychological support could be obtained through referral to the Centre for Children in Vulnerable Situations-DR Congo, a national non-governmental organization providing psychological support to youths and their families, with particular attention to minors who are victims of sexual violence.

TABLE 1: SOCIODEMOGRAPHICS

	N(%)
Sex	
Men	180 (44.0)
Women	229 (56.0)
Age	
Minor	207 (52.6)
Adult	187 (47.5)
Know Victim (n=209)	
Yes	122 (58.4)
No	87 (41.6)
Religion	
Christian	118 (30.6)
Protestant	257 (66.6)
Other	11 (2.9)
Educational level	
Primary School	4 (1.0)
Secondary School	310 (78.1)
Graduate school	73 (18.4)
Post-graduate school	10 (2.5)
Geographic area	
Urban	182 (47.3)
Semi-urban	165 (42.9)
Rural	28 (6.8)
Refugee Camp	10 (2.4)

N (%)

2.3 Analyses

Descriptive statistics, ANOVA and χ^2 -analyses were used to explore differences in sociodemographic characteristics, rape myth acceptance and mentioned causes of rape between gender and age groups.

A linear mixed-effects model (LME) with fixed effects for age and gender and crossed random effects for participants and myths was fitted to the IRMA data. Besides random intercepts for the factor 'myths' (i.e., the items), two random slopes were defined assuming different effects for age and gender. Age and gender were recoded by assigning -0.5 for minors and males, and 0.5 for adults and females. This allowed to interpret the random slopes as differences in acceptance for specific myths between the two age categories and between males/females. The random intercepts of myths were

interpreted as specific myth acceptance rates: positive scores indicated a higher acceptance rate compared to the mean acceptance rate, while negative scores indicated lower acceptance compared to the mean.

In order to analyse the causes mentioned in the free listing task, a categorization in further clusters was necessary. Considering the particular context in which the research was conducted, the analysis of mentioned causes during this free listing task were sorted and denominated, in collaboration with a team of Congolese professional mental health workers and researchers from the Centre for Children in Vulnerable Situations-RDCongo, all familiar with the local context and languages. Thorough analysis elicited 60 mentioned causes of rape.

2.4 Results

2.4.1 Rape Myth Acceptance

Table 2 shows adherence to rape myths on all items of the initial items of the IRMA. Most accepted rape myths in the original items of the IRMA scale are: "A woman who 'teases' men deserves anything that might happen", "Rape happens when a man's sex drive gets out of control" and "Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away".

On average, from the IRMA subscales, participants agreed most with rape myths implying "*He didn't mean to*" and "*She asked for it*". Participants agreed least with rape myth of the subscale "*She wanted it*", a statement implying that girls or women desire or enjoy being raped.

The Congolese rape myths were generally slightly or highly accepted (table 3). The most accepted Congolese rape myths are "*When a girl goes out at night to see boys she is at least partly responsible for being raped*" and "*Rape happens when men are driven by a bad spirit*". The subscale of Congolese-specific rape myths scored slightly higher than the IRMA questionnaire.

2.4.2 Gender and age differences

No gender differences were found for the IRMA score, the score for the Congolese-specific RMA or the total CRMAS score. Looking at the subscales

on the IRMA scale, analysis revealed significantly lower scores for women compared to men on sum subscales and some items (tables 2, 3).

We found a main effect of age on the total CRMAS with minors having significantly higher rape myth acceptance than adults. Also, on the item level, differences between minors and adults were found (tables 2,3).

The mixed model revealed a significant main effect of age ($\beta = -.15, \chi^2 = 5.68, p = 0.02$), indicating a higher estimated mean acceptance rate for minors. No main effect was found for gender ($\beta = -.05, \chi^2 < 1$). In general, less acceptance was observed for the myth *"Many women secretly desire to be raped"* and *"Rapists often just rape a girl because they believe they will become rich or easily find gold"*. The items *"A woman who 'teases' men deserves anything that might happen"* and *"When a girl goes out at night to go to see boys she is at least partly responsible for being raped"* scored in general almost one unit higher than the mean acceptance rate. The random slopes indicated minors accepted the myths *"If a girl doesn't have internal wounds, it means that it wasn't real rape"* and *"If the rapist doesn't have a weapon, you really can't call it a rape"* more than adults, while adults showed higher acceptance rates for the items *"When a girl goes out at night to go to see boys she is at least partly responsible for being raped"* and *"In certain communities rape is part of the culture and traditions"*. Furthermore, men showed higher acceptance rates for the items *"Rape accusations are often used as a way of getting back at men"* and *"Women tend to exaggerate how much rape affects them"*, while higher acceptance rates were observed for women for the items *"Rapists often just rape a girl because they believe they will become rich or easily find gold"* and *"When a girl or woman is no longer a virgin we can't really talk about rape"*.

2.4.3 Causes of rape

On the free listing question, participants reported a total of 60 causes of rape of which 50 of the elicited items were formulated by less than 7.5%. Ten items were mentioned by between 7.6% and 32.5% of the sample, with the following causes most reported: 'Girls' bad clothing', 'Alcohol & drug abuse – general', 'War and the presence of armed groups', 'Sexual desire of men', 'Poverty', 'Girls' bad and provocative behavior', 'Girls going to bad places at bad times', 'Intention of causing physical harm or kill women', 'Pornographic movies, internet and music' and 'Men being possessed by a bad spirit'. Most causes that were frequently reported by men were also frequently reported by women. Also here, age differences were found (table 4).

TABLE 2: ACCEPTANCE OF RAPE MYTHS AS MEASURED BY THE CONGOLESE VERSION OF THE SHORT ILLINOIS RAPE MYTH ACCEPTANCE SCALE

	Total group (n=409)	Women (n=129)	Men (n=180)	F/ χ^2	Minor (n=207)	Adult (n=187)	F/ χ^2	Δ Acc. Rate	AgeC	SexC
SHORT IRMA	3.06 (.53)	3.10 (.51)	3.01 (.57)	2.36	3.14 (.46)	2.97 (.60)	11.97**			
Subscale - She asked for it	3.39 (.88)	3.41 (.92)	3.37 (.84)	1.10	3.47 (.81)	3.33 (.95)	3.55			
If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.	3.41 (1.61)	3.40 (1.64)	3.41 (1.59)	1.15	3.51 (1.61)	3.32 (1.63)	.02	.34	.03	.03
A woman who 'teases' men deserves anything that might happen.	4.02 (1.47)	4.07 (1.48)	3.99 (1.67)	.00	4.08 (1.46)	3.99 (1.49)	.00	.94	.15	.11
When women are raped, it's often because the way they said "no" was ambiguous.	2.55 (1.41)	2.49 (1.45)	2.60 (1.38)	1.81	2.81 (1.43)	2.29 (1.35)	.68***	-.50	-.32	-.06
A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	3.57 (1.51)	3.68 (1.44)	3.49 (1.57)	5.33	3.46 (1.52)	3.71 (1.49)	.57	.51	.17	.24
Subscale - She wanted it	2.44 (1.12)	2.45 (1.20)	2.42 (1.05)	4.50	2.51 (1.08)	2.34 (1.17)	5.31			
Although most women wouldn't admit it, they generally find being physically forced into sex a real turn-on.	2.88 (1.49)	2.77 (1.58)	2.97 (1.41)	10.79	2.98 (1.49)	2.73 (1.51)	.67	-.21	-.03	-.15
Many women secretly desire to be raped.	2.00 (1.45)	2.11 (1.51)	1.91 (1.40)	2.40	2.01 (1.45)	1.98 (1.46)	.78	-.04	.03	.14
Subscale - She lied	3.20 (1.20)	2.96 (1.17)	3.39 (1.19)	1.71***	3.35 (1.20)	2.07 (1.18)	.97*			
Rape accusations are often used as a way of getting back at men.	3.09 (1.61)	2.82 (1.61)	3.31 (1.57)	.55**	3.29 (1.59)	2.88 (1.62)	.02*	.00	-.19	-.34

A lot of women lead a man on and then they cry rape.	3.32 (1.49)	3.11 (1.55)	3.48 (1.44)	1.53*	3.41 (1.51)	3.26 (1.48)	.56	.25	.03	-.19
Subscale - He didn't mean to										
Men don't usually intend to force sex on a woman, but sometimes they get too sexually carried away.	3.73 (1.11)	3.60 (1.14)	3.83 (1.09)	1.28*	3.72 (1.06)	3.75 (1.17)	6.41			
Rape happens when a man's sex drive gets out of control.	3.70 (1.35)	3.66 (1.36)	3.73 (1.35)	.01	3.69 (1.37)	3.69 (1.35)	.14	.60	.08	.00
Subscale - Rape is a trivial event										
If a woman is willing to 'make out' with a guy, then it's no big deal if he goes a little further and has sex.	3.74 (1.45)	3.52 (1.53)	3.91 (1.67)	10.84**	3.74 (1.37)	3.79 (1.51)	4.56	.66	.13	-.18
Women tend to exaggerate how much rape affects them.	3.10 (1.23)	2.93 (1.27)	3.23 (1.18)	.54*						
Subscale - Rape is a deviant event										
Men from nice middle-class homes almost never rape.	3.11 (1.67)	3.07 (1.73)	3.14 (1.63)	3.02	3.19 (1.69)	3.01 (1.66)	1.27	.03	.02	-.02
It is usually only women who dress suggestively that are raped.	3.09 (1.57)	2.80 (1.59)	3.32 (1.51)	1.82**	3.05 (1.61)	3.13 (1.52)	2.47	-.01	.17	-.34
Rape is unlikely to happen in the woman's own familiar neighborhood.	2.78 (.96)	2.80 (.98)	2.77 (.95)	.41	2.88 (.91)	2.67 (1.01)	1.95*			
Subscale - It was not really rape										
If a woman doesn't physically fight back, you can't really say that it was rape.	2.53 (1.44)	2.68 (1.45)	2.41 (1.42)	.17	2.74 (1.47)	2.30 (1.38)	1.09**	-.51	-.13	.22
If the rapist doesn't have a weapon, you really can't call it a rape.	3.15 (1.58)	3.03 (1.59)	3.23 (1.56)	.04	3.35 (1.56)	2.92 (1.58)	.02**	.07	-.21	-.15
	2.65 (1.43)	2.64 (1.40)	2.66 (1.45)	.80	2.58 (1.42)	2.76 (1.44)	.00	-.40	.18	.01
	2.54 (1.20)	2.56 (1.19)	2.53 (1.21)	.12	2.72 (1.18)	2.35 (1.19)	.45**			
	2.95 (1.66)	2.93 (1.68)	2.96 (1.65)	.93	2.99 (1.66)	2.93 (1.68)	.16	-.11	.00	-.01
	2.16 (1.57)	2.24 (1.58)	2.09 (1.57)	.30	2.47 (1.68)	1.81 (1.37)	34.35***	-.88	-.37	.08
CONGOLESE RAPE MYTHS	3.09 (.58)	3.09 (.46)	3.07 (.62)	1.97	3.14 (.56)	3.03 (.59)	0.49			

When a girl goes to remote areas she is at least partly responsible that she is raped.	2.98 (1.55)	3.03 (1.57)	2.93 (1.54)	.13	3.74 (1.37)	3.79 (1.51)	.15	-.12	.14	.12
To accuse someone of rape has become some sort of business.	3.54 (1.55)	3.41 (1.63)	3.65 (1.48)	7.80	2.90 (1.56)	3.01 (1.55)	7.91	.47	.19	-.08
Boys are excited and pushed to experiment with things that they have seen in pornographic movies.	3.88 (1.27)	3.98 (1.31)	3.80 (1.23)	1.00	3.47 (1.63)	3.67 (1.45)	.96	.80	.11	.23
When a girl doesn't refuse men after the rape, it means that she wasn't really raped.	3.11 (1.62)	3.21 (1.65)	3.03 (1.60)	1.07	3.93 (1.33)	3.83 (1.20)	.41	.04	.04	.16
If a girl doesn't have internal wounds, it means that it wasn't real rape.	2.30 (1.57)	2.37 (1.58)	2.25 (1.60)	.10	2.62 (1.61)	1.93 (1.44)	16.23***	-.74	-.37	.07
Girls who sell small things expose themselves to being raped.	2.51 (1.46)	2.53 (1.45)	2.49 (1.47)	.38	2.58 (1.51)	2.47 (1.41)	2.36	-.53	.03	.07
When a girl falls pregnant after having sex with a boy she will cry that she was raped.	2.33 (1.53)	2.34 (1.56)	2.31 (1.52)	.18	2.33 (1.59)	2.36 (1.49)	2.69	-.72	.11	.08
Rapists often just rape a girl because they believe they will become rich or easily find gold.	2.07 (1.38)	2.24 (1.46)	1.93 (1.30)	4.90	2.07 (1.42)	2.08 (1.35)	1.16	-.96	.15	.28
Men that rape are often influenced by alcohol or drugs.	3.28 (1.44)	3.21 (1.52)	3.33 (1.38)	3.94	3.36 (1.48)	3.20 (1.39)	3.76	.20	-.05	-.05
Rape happens certainly at a late time in remote areas.	3.80 (1.42)	3.63 (1.52)	3.95 (1.33)	8.52*	4.00 (1.37)	3.61 (1.46)	4.32	.72	-.18	-.18
When a girl goes out at night to go to see boys she is at least partly responsible for being raped.	4.07 (1.32)	3.96 (1.84)	4.15 (1.26)	3.84	3.99 (1.39)	4.18 (1.23)	4.60	.97	.25	-.06

Chapter Two

In certain communities rape is part of the culture and traditions.	2.53 (1.56)	2.36 (1.48)	2.66 (1.61)	4.69	2.34 (1.49)	2.77 (1.62)	4.63**	-.54	.28	-.21
Girls tend to go into offices and so expose themselves to being raped.	3.21 (1.39)	3.08 (1.42)	3.30 (1.35)	.41	3.14 (1.37)	3.30 (1.40)	.51	.13	.08	-.13
Rape happens when a man is driven by a bad spirit.	3.88 (1.41)	3.84 (1.41)	3.92 (1.40)	.05	4.14 (1.28)	3.63 (1.49)	15.14***	.81	-.16	.00
Girls expose themselves to rape because they imitate other girls.	3.10 (1.48)	3.03 (1.47)	3.15 (1.49)	.45	3.05 (1.51)	3.11 (1.46)	.73	.00	.09	-.02
When a girl or woman is no longer a virgin we can't really talk about rape.	2.51 (1.68)	2.75 (1.76)	2.32 (1.59)	13.45*	2.85 (1.70)	2.16 (1.60)	5.95***	-.51	-.34	.33
Often girls accuse someone of rape because they want to benefit from NGO support.	3.34 (1.53)	3.30 (1.54)	3.38 (1.53)	.01	3.42 (1.56)	3.27 (1.53)	.173	.27	-.11	.01

TOTAL RAPE MYTHS CRMAS (Short IRMA + Congolese Rape Myths)
10.84**

M (SD), *p<.05, ** p<.01, *** p<.001; Δ Acc. Rate: random intercepts for the myths as obtained by the LME model; AgeC and SexC: random slopes for myths as obtained by the LME model. For AgeC, negative (positive) values indicate higher mean scores for minors (adults); For SexC, negative (positive) values indicate higher mean scores for men (women). IRMA: Illinois Rape Myth Acceptance Scale, CRMAS: Congolese Rape Myth Acceptance Scale.

TABLE 3: MOST MENTIONED CAUSES OF RAPE FOR WOMEN, MEN, MINORS AND ADULTS

	Total group (n=409)	Women (n=180)	Men (n=229)	Gender χ^2	Minor (n=207)	Adult (n=187)	Age χ^2
1.	Girls' bad clothing 127 (32.2)	Girls' bad clothing 46 (25.0)	Girls' bad clothing 92 (39.2)	8.49**	Girls' bad clothing 69 (33.3)	Alcohol & drugs 64 (34.2)	8.30**
2.	Alcohol & drugs 109 (26.7)	Alcohol & drugs 45 (25.0)	Alcohol & drugs 64 (27.9)	0.45	Sexual desire of men 45 (21.7)	Girls' bad clothing 58 (31.0)	0.24
3.	War & presence of armed groups 81 (19.8)	War 35 (19.4)	Sexual desire of men 57 (24.9)	9.40**	General Alcohol & drugs 44 (21.3)	War & presence of armed groups 52 (27.8)	14.39***
4.	Sexual desire of men 80 (19.6)	Girls going to bad places at bad times 25 (13.9)	War 46 (20.1)	0.03	Girls' bad behavior 30 (14.5)	Poverty 42 (22.5)	15.66***
5.	Poverty 62 (15.2)	Cause physical harm or kill 25 (13.9)	Poverty 39 (17.0)	1.42	Girls going to bad places at bad times 29 (14.0)	Sexual desire of men 33 (17.6)	1.03
6.	Girls' bad behavior 59 (14.4)	Sexual desire of men 23 (12.8)	Girls' bad behavior 38 (16.6)	1.98	Cause physical harm or kill 28 (13.5)	Girls' bad behavior 28 (15.0)	0.02
7.	Girls going to bad places at bad times 54 (13.2)	Poverty 23 (12.8)	Girls going to bad places at bad times 29 (12.7)	0.13	War & presence of armed groups 26 (12.6)	Girls going to bad places at bad times 24 (12.8)	0.12
8.	Cause physical harm or kill 40 (9.8)	Girls' bad behavior 21 (11.7)	Media - Porn movies & Internet 24 (10.5)	0.29	Media - Porn movies & Internet 18 (8.7)	Media - Porn movies & Internet 20 (10.7)	0.45
9.	Media - Porn movies & Internet 40 (9.8)	Men possessed by bad spirits 16 (8.9)	Lack of women 17 (7.4)	0.01	Men possessed by bad spirits 17 (8.2)	Lack of parental guidance 19 (10.2)	12.10**
10.	Men possessed by bad spirits 31 (7.6)	Media - Porn movies & Internet 16 (8.9)	Men possessed by bad spirits 15 (6.6)	0.79	Poverty 17 (8.2)	Lack of women 18 (9.6)	3.42

N (%)

TABLE 4: FREQUENCIES, PERCENTAGES AND X² VALUES OF CAUSES MENTIONED DIFFERENTLY BY MINORS AND ADULTS

Item	Total group (n=409)	Minor	Adult	F/ χ^2
Lack of women	17 (4.2%)	4 (1.9%)	13 (7.0%)	6.00*
Fetishism	19 (4.6%)	3 (1.4%)	15 (8.0%)	9.73**
Alcohol & drugs - general	109 (26.7%)	44 (21.3%)	64 (34.2%)	8.30**
False accusations of rape - business	5 (1.2%)	5 (2.4%)	0 (0.0%)	4.57*
Lack of parental guidance	23 (5.6%)	4 (1.9%)	19 (10.2%)	12.10**
Divorce of parents	10 (2.4%)	0 (0.0%)	10 (5.3%)	11.36**
Poverty - General	46 (11.2%)	9 (4.3%)	35 (18.7%)	20.45***
War - General	73 (17.8%)	21 (10.1%)	49 (26.2%)	17.34***
Impunity	7 (1.7%)	0 (0.0%)	6 (3.2%)	6.74**
Modernity	4 (1.0%)	0 (0.0%)	4 (1.0%)	4.47*
Badly informed on laws	8 (2.0%)	1 (.5%)	7 (3.7%)	5.25*

N (%); *p < .05, ** p < .01, *** p < .001

2.5 Discussion

Through an assessment of adherence to culturally adapted rape supportive beliefs and rape myths, combined with an exploration of perceived causes of sexual violence, this study investigated the local constructions of rape and its causes in eastern Congo. Overall, high rape myth acceptance exists in the general population in Ituri, eastern Congo, which is also the case in many other societies, all over the world (Lonsway and Fitzgerald, 1994). Although there was considerable variation between individual rape myth items, we found overall noticeable levels of agreement with most items, especially with rape myths that blame the victim or exonerate the rapist. While often a higher acceptance of rape myths is found in men as opposed to women (Aosved and Long, 2006; Lonsway and Fitzgerald, 1994; McMahon, 2010), we did not find this gender difference (Süßenbach and Bohner, 2011). Rather, our findings echo earlier findings in eastern Congo (Babalola, 2014). This could be due to the fact that higher rape myth acceptance in women is associated with the preservation of the feeling of invulnerability to the threat of rape (Bohner, Siebler, & Raajimakers, 1999; Bohner and Lampridis, 2004), while a lower rape myth acceptance acknowledges a threat of sexual violence for all women.

Furthermore, our findings suggest more rape supportive beliefs in the minors compared to the adult participants, a finding in contrast with other Western studies (Boakye, 2009; Ferro, Cermele, & Saltzman, 2008; McGee et al. 2011; Süßenbach and Bohner, 2011). It might be that young people more strongly adhere to rape myths because of the socialization processes from their environment (Süßenbach and Bohner, 2011), or that older age evokes a more nuanced understanding of what needs to be considered as dangerous, or the realities of intimate partner violence (Süßenbach and Bohner, 2011). Another explanation might be that the existing sociocultural gender norms, which are generally acquired during childhood (Witt, 1997) and often exacerbated by armed conflict (Leatherman, 2011) and this influences attitudes towards rape and rape victims in children and youngsters more negatively than in adults (Balabola, 2014). Young people growing up in a context of prolonged war, where norms on gender inequality are intensified, might show a stronger adherence to rape myths and rape supportive beliefs.

An assessment of perceived causes of rape completed this study in order to build intelligibility on existing ideas and attitudes about sexual violence and its origins, because these ideas influence the adherence to rape myths and

rape supportive attitudes. Girls' clothing was unanimously perceived as the predominant cause of sexual violence, being mentioned by more than one-third of participants. Alcohol and drug abuse was the second most mentioned cause. In line with the results on rape myths, these findings corroborate an attribution of responsibility to the victims (girls' clothing, girls' behavior, etc.) and exoneration of the rapist (sexual desire, possession by a bad spirit, etc.). Of the ten most mentioned causes of rape, two causes refer to community and societal factors, namely 'War and the presence of armed groups' and 'Poverty'. Poverty was identified in previous research as a complexity of factors increasing men's risk of committing rape (Dolan, 2010; Jewkes, Sen & Garcia-Morena, 2002), such as poverty evoking crises of male identity (Jewkes et al., 2002), poverty pushing families to prostitute their daughters, poverty leaving men incapable to find a woman to marry or poverty compelling young girls to go to isolated fields to do agriculture. Interestingly, minors primarily identified causes of rape on the individual level, while adults more often mentioned factors on a relational (e.g., lack of education), community (e.g., poverty) and societal level (e.g., lack of knowledge on laws). Following Annan and Brier (2010), we can situate the most mentioned causes of rape that inspire beliefs on rape and rape myth acceptance in four dimensions: structural, social, family and individual inspired by Poundstone, Strathdee, & Celentano (2004).

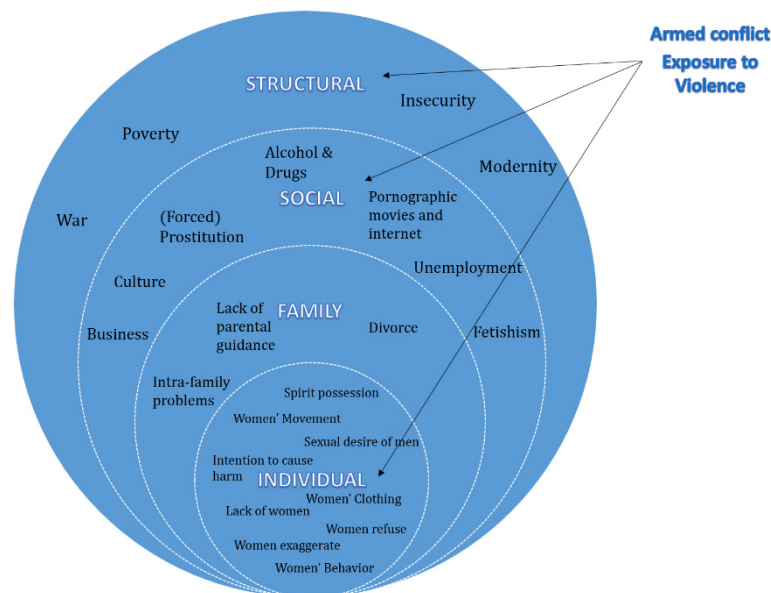


Figure 1 Ecological perspective of sexual violence in armed conflict. Adapted from Annan and Brier (2010), p. 157

2.5.1 *Implications*

Our results suggest that the acceptance of rape supportive ideas is high in the eastern Congolese region of Ituri. This study was conducted striving to provide practical implications for preventive and other interventions and changing the adherence to rape myths and other rape supportive ideas (Bohner et al., 2009). Rape supportive beliefs like rape myths influence patterns of behaviour that inform desire and influence sexual behaviour, color reactions to rape victims and perpetrators and instill feelings of guilt and blame (Boakye, 2009; Frese et al., 2004; Ryan, 2011). This study explored locally relevant rape supportive ideas in eastern Congo considering them as the starting point to change attitudes towards sexual violence and rape myth adherence. Of course these beliefs are closely linked to other factors influencing rape myth acceptance (Babalola, 2014) for example knowledge of the law and perceived prevalence of sexual violence, which should also be targeted when designing interventions.

Founded in our findings we formulate four implications: First, the endorsement of rape supportive beliefs by the general population necessitates a culturally sensitive and collaborative approach to interventions aimed at preventing and redress of rape. Attitudes on sexual violence, that are clearly common in society, shape social reactions to rape, behaviour and comprehension of sexual violence and should be the starting point of any intervention aiming to deal with sexual violence. We urge for greater attention to local comprehension of attitudes and ideas about sexual violence, in a respectful and non-judgmental way. Since, when aiming to change rape supportive ideas, shouldn't we first try to understand what they are? In this sense, also cultural adaptation of measures and questioning should be included in research to take into account local or cultural specific ideas and attitudes on sexual violence. Rape myths and other rape supportive beliefs are closely linked to traditional gender role stereotypes (Check & Malamuth, 1983; Lonsway & Fitzgerald, 1995) that are embedded in a cultural context. Research to understand individuals' comprehension of gender roles, and the societal message on male and female sexuality is important to begin changing attitudes towards sexual violence and rape myth adherence.

Second, while most interventions linked to sexual violence in eastern Congo aim to address immediate consequences, we urge a broader approach looking at the root causes of sexual violence (Douma & Hilhorst, 2012). Using the different social and ecological dimensions in which root causes of sexual

violence are identified, we seek to formulate recommendations on both an individual, familial, social, and structural level. On an **individual** level, beliefs on rape and its consequences might influence support seeking behavior and labeling of nonconsensual sexual experiences (Harned, 2005). Looking at assistance for rape victims, it is important to note that often rape myths, rape supportive ideas and intertwined ideas on how people perceive 'typical' rape might influence whether or not people acknowledge an experience of sexual violence as rape (Littleton, 2011). Furthermore, the ideas that persist on rape, being the ideas on causes of rape or rape myth adherence, convey a message that often blames the victim and exonerates the rapist. Therefore, adapted services need to be provided. Firstly, a singular focus on rape victims will overlook other victims of coerced sexual experiences that don't acknowledge themselves as rape victims. Hence a broader service should be formulated, as such lowering the threshold for all victims of sexual violence to seek assistance. The services offered to victims of sexual violence should deal with feelings of blame, shame, and guilt. Psychosocial support of rape victims should be offered in a contextual and systemic way thus dealing with the larger social network of victims that might adhere to attitudes of sexual violence that blame the victim and justify rape.

Further, on a **family** level we consider the impact of rape supportive beliefs on victim blaming (e.g. Frese et al., 2004). These ideas are thought to influence negative social reactions and stigmatization of the victims (Frese et al., 2004; Stormo et al., 1992), which are shown to have a considerable impact on victims' psychosocial well-being (Verelst et al., 2014). Qualitative studies have moreover alluded to the importance of family members or intimate partners in dealing with stigmatization on a community level (Kelly et al., 2012; Verelst, Derluyn, Broekaert, submitted). Therefore, we recommend interventions aimed at reducing stigmatization from the close family and social environment.

On a **social** level it seems key to understand ideas on sexual violence as well as individual ideas on typical rape (Littleton, 2011) and its causes, prior to sensitively beginning to change rape supportive beliefs that might influence behavior and reactions towards rape victims. Prevention of sexual violence by changing attitudes and rape myth adherence asks for an intensive and multi-faceted approach. While sensitization campaigns play a role, the motivation of parents, teachers, and family members to convey a message that promotes sexual equality and change individual's acceptance of rape myths is also necessary. Changing rape supportive beliefs and attitudes needs to be done in combination with tackling related factors (Babalola, 2014). Additionally, the media has an important role to play in conveying a message that does not justify or belittle experiences of sexual violence, nor exonerates

perpetrators. Through a media campaign a large audience can be reached, which appears to be necessary, considering the results of this study that clearly show strong adherence to rape myths by both women and men, of all ages. Particular attention needs to be provided to children and youth who, as this study shows, strongly adhere to rape supportive ideas. Intensive sexual education programs in schools seems appropriate to help children and youth convey positive messages about women and men. Third, this study speaks to a broadening of the perspective in prevention and other interventions trying to deal with sexual violence. Sensitization campaigns on rape supportive ideas have been implemented in Western countries with increasing success (Jejeebhoy & Bott; 2005). This study supports the development of a culturally-sensitive program on rape supportive ideas, reaching all people of the general population. While all too often sensitization campaigns or research only targets either men or women, or, adults or youth, sensitization on rape myths should aim to reach all shapes and sizes of people in the eastern Congolese population. Rape myths and other rape supportive ideas are prevalent and widespread and require a comprehensive approach. The high acceptance of rape supportive beliefs in minors adds to the need of specific and adapted educational attention to the war-affected youth in this region in aiming to create a positive attitude between men and women in dismantling rape myths. Additionally, sensitization should aim at reaching professionals dealing with victims and perpetrators of sexual violence, aiming to lower rape supportive beliefs in professionals and thus avoid attrition (Brownmiller, 1985) and second victimization (Campbell & Raja, 1999, 2005).

Furthermore, the identification of participants in this study of causes on a community level (e.g., poverty, war, impunity) requires further attention on a **structural** level from leaders and governments in the region in their strife to tackle sexual violence. The recommendations on all other levels should also speak to structural services and institutions in implementing a comprehensive approach to first understand and then deal with sexual violence in a comprehensive way.

2.5.2 *Limitations*

This research focused on female rape myths in order to explore ideas on sexual violence. However, we strongly suggest more research on ideas and beliefs supporting both female and male rape, since men are also victims of sexual violence in DRC (Candeias, 2010; Carpenter, 2006; Dolan, 2010; Eriksson Baaz & Stern, 2013; Johnson et al., 2010; Sivakumaran, 2007). They

often don't report due to shame, guilt, fear or stigma, leaving them particularly vulnerable (Sivakumaran, 2007).

Empirical studies on rape myths, or beliefs and attitudes on rape, have used different instruments to assess rape myths. While the Illinois Rape Myth Acceptance Scale has been questioned in Western contexts, especially because of the floor effect it elicits in its responses (Bohner et al., 2009), it did not have the same effect in the eastern Congolese region. Nonetheless, we urge researchers to contribute to the development of culturally valid research on measures possible to use in this particular context. This study seeks to offer an exploration of existing culturally valid rape myths and was able to assess the extent to which rape supportive beliefs are accepted. Further adaptation of the measures on rape supportive beliefs to the local ideas and sociocultural gender norms is needed.

Causes of rape are only one aspect of the ideas on sexual violence that influence attitudes towards rape and thus further research entailing rape scripts, conceptualizations of the concept of rape, its circumstances and consequences is needed. This study only offers a first investigation of rape myths and locally accepted causes of rape; therefore, an extensive exploration of associated factors should be carried out to add to the comprehension of rape myth acceptance in this local context.

Acknowledgements

We kindly thank all the Congolese supervisors and researchers for their logistical assistance in data collection and data entry. We would also like to thank Nancy Say Kana, coordinator CCVS RDC, and the whole CCVS RDC team, Dr. Kirere Mathe, ISTM and CME Nyankunde, without whose logistical support the study would not have been possible.

This study received financial support from Service Peace Building, Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium. Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium.

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Melanie sits in the market every morning at five, behind a wooden plank with at least three piles of 4 or 5 avocados. At 200 francs each she hopes to sell them all helping her to get by. She doesn't tell anybody but she has a little boy at home that she needs to take care of. Now already five years old, she looks for a little bit of money to feed and clothe her son, making sure he can go to school. The boy will never know his father, which worries Melanie every day. Five years ago, in the midst of war, Melanie hurried to the borehole as she was sent by her mother to fetch water. Since it had been quite calm the last few days Melanie hoped that today would also be safe. She hurried with the jerry can to and from the borehole 2km from her home. On her way back, a young man dressed in a military uniform stopped her. He pushed her down in the grass, and while the jerry can fell down and spilled over he forced himself on her. Melanie ran home but didn't immediately tell her family... she didn't dare to. They would be angry with her and ashamed, or so she thought. It was weeks later that she started realizing she didn't have her periods. Her mother soon found out that Melanie was pregnant. As a devout Christian the mother was shocked that her teenage daughter not only lost her virginity, but was now also pregnant. Soon followed the rest of her family to hear about her pregnancy. All were shocked and angry with her. Melanie tried to explain how she was raped, how she never wanted this to happen. But it didn't help, nobody could believe her. From her uncle to her cousins, to her parents and brothers, nobody wanted to believe her. Calling her a whore who went out to look for boys to impregnate her. Her father kicked her out of the house. But after her mother negotiated strongly she was allowed back in the house after only two weeks. No longer was Melanie the highly intelligent daughter the whole family had high hopes for, but a girl that went out to have sex with just any man, pregnant with a child that didn't belong. Melanie was getting bigger and bigger and as her belly grew her worries grew with them. How would she ever feed this baby? Although she was allowed back into the house, she was left to take care of her own. Melanie was sad and confused and had no idea how she would be able to carry this new burden. How would she feed, clothe, and school her child while she was struggling to take care of herself since her parents didn't want to anymore? Melanie cried so much she thought she would never stop. She stayed home from school to find money doing all sorts of chores for neighbors, but actually she wasn't even able to attend class because she couldn't concentrate. It was a very hard time in her life, where she was so sad and confused even months after the baby was born. But with time she struggled to have her own little place at the market where she could sell some avocados every day to feed herself and her son. Although her family did not much more but 'tolerate' her in their home, Melanie lived on. Every single day one of her family members would insult her saying she had gotten herself pregnant, or tell her son he was 'nobody's child'. She earned enough to go to school in the afternoon and studied for a better future. At school many girls didn't even now she was a mother. She saved a few francs every week, studied hard to pass as the first of her class every year. Now, years later Melanie walks around proud on the street, although she is still hurt by the daily comments she keeps on coming home to. But Melanie is 'somebody' again as she struggled and studied her way into Medical School. Melanie dreams of being a doctor one day, a doctor that can take care of her son. And even though her family might never look at her in the same way she believed, maybe she could make them proud as well.



Chapter Three

The mediating role of stigmatization in the mental health of adolescent victims of sexual violence in eastern Congo*

* Verelst, A., De Schryver, M., Broekaert, E., & Derluyn, I. (2014). *The mediating role of stigmatization in the mental health of adolescent victims of sexual violence in eastern Congo*. *Child Abuse & Neglect*, 38, 1139-1146.



Abstract

This study aims to explore the factors that explain the mental sequelae of war-related sexual violence and focuses in particular on the role of stigmatization. Drawing on a large-scale quantitative survey undertaken in the war-affected region of eastern Democratic Republic of the Congo, we analyze how stigmatization mediates the mental health impact of sexual violence on adolescent girls who were victims of rape. Twenty-two secondary schools were randomly selected out of a stratified sample in Bunia, eastern Congo. In a cross-sectional, population-based survey, 1,305 school-going adolescent girls aged 11–23 completed self-report measures assessing war-related traumatic events, experiences of sexual violence, stigmatization, and mental health symptoms. Of the 1,305 participants, 38.2% ($n = 499$) reported experiences of sexual violence. Victims of sexual violence reported more war-related traumatic events and more stigmatization experiences. Several hierarchical regression analyses examined the mediating impact of stigmatization on the relationship between sexual violence and mental health outcomes, thereby controlling for sociodemographics (age, parental availability, and socioeconomic status) and war-related traumatic exposure. Our findings show that this stigmatization largely explains the mental health impact of sexual violence, in particular, on adolescent girls' reported symptoms of depression (full mediation) and posttraumatic stress (avoidance and total PTSD: full mediation; hyperarousal: partial (40%) mediation). No evidence of mediation by stigmatization was found for symptoms of anxiety and intrusion. Stigmatization plays thus an important role in shaping the mental sequelae of sexual violence, a finding with major consequences for clinical practice.

3.1 Introduction

For decades, the eastern regions of the Democratic Republic of the Congo (DRC) have been affected by war, costing the lives of over five million people (International Rescue Committee Survey, 2008), and marked by massive human rights abuses against civilians (Johnson et al., 2010). These war tactics, using civilians as targets of violence, show how organized violence often aims primarily to affect families, kinship, and community bonds and, as a result, pervasively disrupts those core social ties (Derluyn, Vindevogel & De Haene, 2013). In the context of the DRC, one of these weapons of war that disrupts social bonds is the excessive use of sexual violence (Bartels, Van Rooyen, Leaning, Scott, & Kelly, 2010; Duroch, McRae, & Grais, 2011; Maedl, 2011; Peterman, Palermo, & Bredenkamp, 2011; Wakabi, 2008), with overall estimates of between 1.69 and 1.80 million eastern Congolese women aged 15–49 years having reported histories of being raped (Peterman et al., 2011). Despite formal peace agreements, sexual violence is still highly prevalent (Maedl, 2011), with increasing reports of rape by civilian perpetrators (Bartels et al., 2010; Duroch et al., 2011), in particular against minors (Kalisya et al., 2011). Through targeting women in communities in which female members' social position is intricately linked to their sexual trajectories, sexual violence operates as a powerful weapon for destroying social connectedness (Derluyn et al., 2013). Indeed, the social exclusion of victims of sexual violence is highly prevalent in war-affected communities in the DRC and is documented as being associated with the pervasive stigmatization of violated girls and women (e.g., Kelly et al., 2012). Here, victims are labeled, perceived according to negative stereotypes (e.g., contaminated, defiled, of less value, and worthless), and are discriminated against within their own families and communities (Dolan, 2010; Kelly et al., 2012). This disruption of community ties through stigmatization also leads to the question of how pervasive stigmatization in the aftermath of sexual violence may shape mental health sequelae in victims. Previous studies have documented the impact of war-related sexual violence on victims' mental health (Bartels et al., 2010; Johnson et al., 2008, 2010), showing a robust association between sexual violence and posttraumatic and depressive symptomatology. Furthermore, studies have equally shown how, in the aftermath of sexual violence, victims are confronted with negative social consequences invoked by sexual violence, such as negative social reactions, stigmatization, abandonment, rejection, and loss of social support networks (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001). However, studies evaluating to what extent these social disruptions mediate (i.e.,

explain) posttraumatic and depressive mental health outcomes in victims of sexual violence in contexts of organized violence are very scarce: Only one study documented how social stigmatization explained depressive functioning in Sierra Leonean former child soldiers who were victims of rape (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010). This study therefore aims at furthering an understanding of the intricate interactions between mental health outcomes and social disruption resulting from sexual violence in war-affected communities, and analyses the mediating role of stigmatization in shaping the mental health sequelae of sexual violence. Specifically, considering the paucity of research on this population, we study the extent to which stigmatization explains (i.e. mediates) the relationship between sexual violence and mental health outcomes in eastern Congolese adolescent girls, given continuing reports of the high prevalence of sexual assaults on adolescent girls and their particularly vulnerable position in the DRC (Kalisya et al., 2011; Kelly, VanRooyen, Kabanga, Maclin, & Mullin, 2010).

3.2 Methods

3.2.1 *Participants and procedure*

The study was conducted in the Ituri district of eastern DRC, a region afflicted for decades by armed conflict (Human Rights Watch, 2003; Médecins Sans frontières, 2005). Twenty-two secondary schools from all 10 neighborhoods across the large region in and around Ituri's capital city, Bunia, were selected using stratified sampling in relation to location (rural, suburban, and urban regions) and religion; no schools refused to participate. In all schools, all female pupils in the second and third grades of secondary school², where literacy and comprehension of the questionnaires could be assumed, were invited and consented to take part in the study (n = 1,305). The participants were between 11 and 23 years old. The questionnaires were administered in a six-week period in April and May 2011 during a 60- to 90-min course session while the boys of the respective classes were engaged in other activities organized by the teacher. A description of the study was provided

² The Congolese educational system consists of six years primary school followed by six years secondary school. Second to third year students of secondary school could be expected to be from 13 to 15 years old. However, prolonged conflict in eastern Congo has affected the educational participation and attainment of Congolese youths, resulting in broad age varieties in some class groups.

to the participants and their written informed consent was obtained. The questionnaires were self-administered, and research assistants provided thorough and structured guidance. To promote inter-researcher reliability, extensive training (90 h) was provided to all research assistants. Questionnaires were administered in French because this is the official language in secondary schools and a pilot study showed that students preferred French questionnaires over translated Kiswahili versions. The researcher provided participants her contact information and information on local psychological support projects for those in need of further professional care. Agreements with these local services were made beforehand to guarantee adequate referral of study participants, if needed. Ethical approval for the study was given by the Ethical Committee of the Faculty of Psychology and Educational Sciences, Ghent University.

3.2.2 Measures

Five self-report questionnaires were administered. These had been extensively used with adolescents in war-affected regions and already cross-culturally adapted for use with eastern Congolese adolescents (Mels, Derluyn, Broekaert, & Rosseel, 2009).

First, a sociodemographic questionnaire investigated variables such as age, place of birth, socioeconomic situation (operationalized as type of house), and parental availability (both parents alive or one/both parents deceased).

Second, the Adolescent Complex Emergency Exposure Scale (ACEES) (Mels et al., 2009) measured exposure to 14 context-specific, potentially traumatic war-related events (yes/no), such as having witnessed people being killed, being separated from family, or having witnessed rape. Five further questions (yes/no) concerning sexual violence experiences were added: in addition to the question "Did you experience rape?" four questions referred to other forms of sexual violence or coercive sexual experiences, all of which were mentioned as sexual violence in 2006 Congolese legislation (i.e., being forced to have sex with a boyfriend, with someone you are acquainted with, or in exchange for goods, and being forced to marry).

Third, a cross-cultural and contextually adapted version, following the procedure as described by Mels, Derluyn, Broekaert, and Rosseel (2010), of the Everyday Discrimination Scale (Williams, Yan Yu, & Anderson, 1997) was used. Its 14 items (yes/no) focused on experiences of different aspects of stigmatization during the past month, including perceived discrimination and social exclusion in the familial and community context (e.g., being treated as

if you were different, being isolated by the nuclear family, being treated badly by family members).

Fourth, symptoms of posttraumatic stress disorder (PTSD) were measured with the culturally adapted Congolese (French) version (Mels et al., 2010) of the Impact of Event Scale-Revised (IES-R) (Weiss and Marmar, 2004), a diagnostic self-administered questionnaire comprised of 22 questions to be answered on a Likert scale (from 1 to 5), accompanied by a visual probe. Items can be grouped into three subscales (symptoms of intrusion, avoidance, and hyperarousal). Cronbach's alphas in this study were between .77 and .83.

Lastly, the culturally adapted Congolese (French) version (Mels, Derluyn, Broekaert, & Rosseel, 2010) of the Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A) (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007), measuring symptoms of anxiety (12 items), depression (13 items) and externalizing problems (12 items), was used. All items had to be answered on a Likert scale (from 1 to 4), accompanied by a visual probe. Cronbach's alphas in this study were between .60 (externalizing scale – left out in further analyses) and .85.

3.2.3 Statistical analysis

Differences in sociodemographics and traumatic exposure between both groups (victims and non-victims of sexual violence) were investigated through χ^2 -analyses and t-tests. The impact of stigmatization (total sum-score of the 14 items) on the relationship between sexual violence experiences (0 = No, 1 = Yes) and mental health outcomes (HSCL-37A anxiety and depression scores; IES-R subscales and total score) was investigated through several hierarchical regression models, and followed the three-step approach suggested by Baron and Kenny (1986). We thereby controlled for sociodemographic variables (age, parental availability [both parents alive versus one/both parents deceased], and type of housing [measure of socioeconomic status]), and war-related traumatic exposure (total ACEES sum-score). First, stigmatization was regressed on sexual violence, while controlling for the sociodemographics and total traumatic exposure. Next, each mental health outcome was regressed on sexual violence and on the sociodemographics and total ACEES score. Third, stigmatization was added as independent variable to the models defined in the second step. In all models, the two-way interaction between sexual violence and stigmatization was included. Full mediation is obtained if an observed effect of sexual violence on a mental health outcome in the second step disappears; partial

mediation occurs when the effect of sexual violence (absolute value) on a mental health outcome decreases but remains significant. Moreover, rape must be significantly associated with stigmatization to conclude that mediation takes place. The mediation model is illustrated in Fig. 1: the c-parameter represents the direct effect of sexual violence on mental health; the indirect effect of sexual violence on mental health is obtained by multiplying the a- and b-parameters. Because we included an interaction in our model and to facilitate interpretation of the results obtained, all continuous variables were standardized prior to our analyses. If the conditions for mediation held, the standard error of the indirect effect was obtained by bootstrapping, using the Lavaan package (Rosseel, 2012). Alpha was set at .01. All statistical analyses were performed using R-2.15.2 (R Development Core Team, 2012).

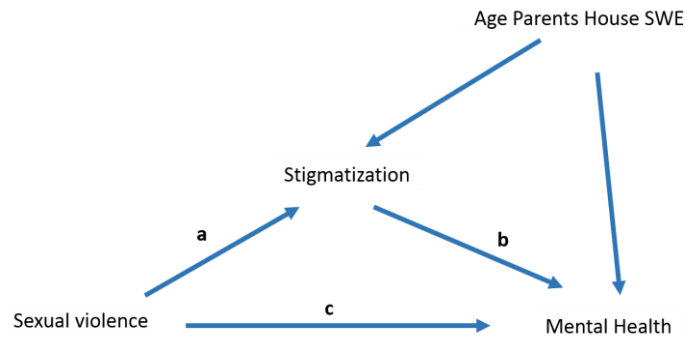


Figure 1 Mediation model

3.3 Results

3.3.1 Sociodemographic variables

Of the participants, 38.2% (n = 499) confirmed having been victims of sexual violence, while the other 61.8% (n = 806) reported they were never victims of any form of sexual violence. Some sociodemographic differences were found between both groups (table 1).

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

	Total group (<i>n</i> = 1,305)	No sexual violence experienced (<i>n</i> = 806)	Experienced sexual violence (<i>n</i> = 499)	χ^2/t
Age [†]	15.89 (1.54)	15.73 (1.49)	16.34 (1.51)	16.04 (1.63)
Socio-economic status				
Bric house	600 (46.4%)	404 (50.5%)	86 (47.5%)	110 (35.3%)
Non bric house	693 (53.6%)	396 (49.5%)	95 (52.5%)	202 (64.7%)
Parental availability				
Both parents alive	781 (78.93%)	486 (80.7%)	103 (67.8%)	192 (79.0%)
One or both parents deceased	216 (21.7%)	116 (19.3%)	49 (32.2%)	51 (21.0%)

N (%); [†]mean (SD; range); * *p* < 0.05, ** *p* < .01, *** *p* < .001.

TABLE 2: EXPOSURE TO WAR-RELATED TRAUMATIC EVENTS (SWE)

	No sexual violence experienced (n = 806)	Experienced sexual violence (n = 499)	χ^2/t	OR
Have been separated from family	137 (17.2)	147 (29.9)	27.87***	2.06
Have witnessed violent acts against family members or friends	84 (10.5)	88 (18.2)	14.48***	1.89
Had family members or friends violently killed during the war	292 (37.3)	223 (45.9)	8.82**	1.43
Experienced pillage or setting your house on fire	335 (43.1)	257 (53.5)	12.68***	1.52
Experienced gunfire attacks	276 (35.7)	249 (53.1)	35.45***	2.04
Have seen somebody being killed	245 (31.0)	234 (50.2)	45.00***	2.24
Have seen dead bodies or mutilated bodies	250 (31.5)	241 (49.4)	40.41***	2.13
Have been injured during the war	36 (4.5)	77 (16.4)	50.20***	4.16
Have been imprisoned	6 (0.7)	68 (13.8)	94.34***	21.30
Have been enrolled in an armed group	3 (0.4)	45 (9.6)	28.30***	28.30
Have been kidnapped by an armed group	16 (2.0)	69 (13.9)	69.40***	7.96
Have been forced to kill, injure or rape someone themselves	26 (3.3)	49 (10.5)	26.58***	3.50
Have seen someone being raped	67 (8.4)	113 (23.6)	56.65***	3.40
Total number of traumatic events (mean, SD)	2.20 (1.92)	3.73 (2.74)	10.96***	d=0.68†

N (%); *p < 0.05, ** p < .01, ***p < .001; †Cohen's d, OR: Odds ratio.

TABLE 3: EXPERIENCES OF STIGMATIZATION

	No sexual violence experienced (n = 806)	Experienced sexual violence (n = 499)	χ^2/t	OR
Corporal punishment by family member	79 (9.9)	236 (47.7)	235.73***	8.33
Hear that people say bad things about you or your family	294 (36.8)	269 (54.7)	39.86***	2.07
You are treated worse than other people	122 (15.4)	196 (40.2)	98.30***	3.70
You are treated with less respect than other people	145 (18.2)	219 (45.0)	104.82***	3.66
You are treated badly by a family member	102 (12.8)	182 (37.1)	102.71***	4.01
Rejected/Abandoned by your (close) family	44 (5.5)	125 (25.6)	105.63***	5.91
Rejected/Abandoned by your community	44 (5.5)	147 (30.1)	143.83***	7.41
Treated as if people are scared of you	63 (7.9)	169 (34.8)	146.13***	6.24
Threatened by others	203 (25.5)	215 (44.1)	46.98***	2.31
Called dishonest	107 (13.4)	188 (38.4)	106.20***	4.03
People act as if they're better than you are	323 (40.5)	275 (56.0)	28.86***	1.87
People act as if they're smarter than you are	301 (38.1)	269 (55.3)	35.52***	2.01
You receive poorer service than other people at stores/services	147 (18.6)	156 (31.9)	29.06***	2.06
You are insulted	299 (37.6)	274 (55.6)	39.06***	2.08
<i>Total number of stigmatization experiences (mean, SD)</i>	<i>2.82 (2.50)</i>	<i>5.86 (3.64)</i>	<i>15.43***</i>	<i>d=0.97†</i>

N (%); * $p < 0.05$, ** $p < .01$, *** $p < .001$; †Cohen's d , OR: Odds ratio.

TABLE 4: MENTAL HEALTH PROBLEMS

	No sexual violence experienced (n = 806)	Experienced sexual violence (n = 499)	<i>t</i>
IES-R			
Avoidance	1.80 (.70)	2.11 (.74)	-7.562***
Intrusion	1.71 (.63)	2.00 (.76)	-7.439***
Hyper arousal	1.71 (.68)	2.12 (.78)	-10.127***
Total IES-R score	1.74 (.61)	2.07 (.67)	-9.138***
HSCL-37A			
Depression	1.61 (.32)	1.76 (.37)	-7.627 ***
Anxiety	1.71 (.37)	1.83 (.38)	-5.589***
Internalizing [†]	1.65 (.31)	1.79 (.34)	-.7136***

Mean (SD); [†]IES-R: Impact of Events Scale-Revised; PTSD: posttraumatic stress disorder; HSCL-37A: Hopkins Symptom Checklist-37 for Adolescents; internalizing = anxiety + depression subscales; * $p < 0.05$, ** $p < .01$, *** $p < .001$.

3.3.2 *War-related traumatic exposure, stigmatization, and mental health*

Overall, adolescent girl victims of sexual violence reported more war-related traumatic experiences (table 2), more experiences of stigmatization and social exclusion (table 3), and higher levels of mental health problems (table 4).

3.3.3 *The mediating role of stigmatization*

First, the analysis showed that, after controlling for age, parental availability, socioeconomic status (type of housing) and total number of war-related traumatic experiences (ACEES), sexual violence was positively associated with stigmatization ($R^2 = .249$, $R^2\text{change} = .113$, $\beta = 0.76$, $p < .001$): having experienced sexual violence led to a .76 standard deviation increase in the amount of stigmatization experienced. Mediation analyses revealed that the impact of sexual violence on symptoms of depression (HSCL-37A), avoidance (IES-R), and total PTSD (total IES-R) is fully mediated by stigmatization (table 5). Being a victim of sexual violence led indirectly on average to a 0.24 standard deviation increase in the depression score ($\beta = 0.24$, $SE = 0.04$, $p < .001$), a 0.17 standard deviation increase ($\beta = 0.17$, $SE = 0.04$, $p < .001$) in avoidance scores, and a 0.17 standard deviation increase ($\beta = 0.17$, $SE = 0.04$, $p < .001$) in the total IES-R score. It is important to note that the coefficients for depression and avoidance were estimated for a mean level of stigmatization because an interaction effect between sexual violence and stigmatization was observed. The effect of sexual violence on hyperarousal (IES-R) is partially (40%) mediated by stigmatization: being a victim of sexual violence led directly on average to a 0.21 standard deviation increase in hyperarousal symptoms ($\beta = 0.21$, $SE = 0.06$, $p < .001$), while indirectly a 0.14 standard deviation increase was observed ($\beta = 0.14$, $SE = 0.04$, $p < .001$). No evidence of mediation by stigmatization was found for anxiety (HSCL-37A) and intrusion symptoms (IES-R).

TABLE 5: FINAL REGRESSION MODELS INVESTIGATING THE MEDIATING ROLE OF STIGMATIZATION

HSCL-37A – Depression	Beta	SE	t	R²change
Intercept	-0.23***	0.05	-4.45	
Age	0.03	0.03	1.25	
Socioeconomic status (ref=no brick house)	0.31***	0.06	4.82	
Parental availability (ref=at least one died)	0.21***	0.06	3.77	
Total war-related traumatic exposure (SWE)	0.22***	0.03	7.51	
Sexual violence (ref=yes)	0.01	0.06	0.17	0.162
Total number of stigmatization experiences	0.32***	0.05	6.44	0.037
Sexual violence x number of stigmatization experiences	-0.17**	0.06	-2.77	0.006
HSCL-37A – Anxiety				
Intercept	-0.07	0.06	-1.27	
Age	-0.01	0.03	-0.30	
Socioeconomic status (ref=no brick house)	0.13*	0.06	2.20	
Parental availability (ref=at least one died)	0.17*	0.07	2.64	
Total war-related traumatic exposure (SWE)	0.24***	0.03	7.93	
Sexual violence (ref=yes)	-0.05	0.07	-0.69	0.108
Total number of stigmatization experiences	0.33***	0.05	6.26	0.019
Sexual violence x number of stigmatization experiences	-0.28***	0.07	-4.25	0.015
IES-R – Intrusion				
Intercept	-0.20	0.05	-3.68	

Age	0.00	0.03	0.03	
Socioeconomic status (ref=no brick house)	0.22***	0.06	3.84	
Parental availability (ref=at least one died)	0.04	0.07	0.61	
Total war-related traumatic exposure (SWE)	0.34***	0.03	11.43	0.178
Sexual violence (ref=yes)	0.09	0.07	1.30	0.183
Total number of stigmatization experiences	0.16**	0.05	3.20	0.006
Sexual violence x number of stigmatization experiences	-0.12	0.06	-1.85	0.003
IES-R – Avoidance				
Intercept	-0.16**	0.06	-2.95	
Age	0.01	0.03	0.45	
Socioeconomic status (ref=no brick house)	0.16**	0.06	2.66	
Parental availability (ref=at least one died)	0.11	0.07	1.60	
Total war-related traumatic exposure (SWE)	0.25***	0.03	8.28	
Sexual violence (ref=yes)	0.16*	0.07	2.41	0.136
Total number of stigmatization experiences	0.25***	0.05	4.75	0.012
Sexual violence x number of stigmatization experiences	-0.21**	0.07	-3.09	0.001
IES-R – Hyperarousal				
Intercept	-0.28***	0.05	-5.45	
Age	-0.02	0.03	-0.73	
Socioeconomic status (ref=no brick house)	0.23***	0.05	4.10	
Parental availability (ref=at least one died)	0.12	0.06	1.88	
Total war-related traumatic exposure (SWE)	0.31***	0.03	11.04	

Sexual violence (ref=yes)	0.21***	0.06	3.34	0.229
Total number of stigmatization experiences	0.18***	0.05	3.79	0.024
Sexual violence x number of stigmatization experiences	-0.02	0.06	-0.35	0.000
IES-R - Total IES-R				
Intercept	-0.23***	0.05	-4.37	
Age	0.00	0.03	0.06	
Socioeconomic status (ref=no brick house)	0.22***	0.06	3.96	
Parental availability (ref=at least one died)	0.09	0.06	1.38	
Total war-related traumatic exposure (SWE)	0.33***	0.03	11.44	
Sexual violence (ref=yes)	0.16*	0.06	2.46	0.212
Total number of stigmatization experiences	0.22***	0.05	5.49	0.014
Sexual violence x number of stigmatization experiences	-0.15*	0.06	-2.38	0.004

* $p < 0.05$, ** $p < .01$, *** $p < .001$. †IES-R: Impact of Events Scale-Revised; PTSD: posttraumatic stress disorder; HSCI-37A: Hopkins Symptom Checklist-37 for Adolescents. Note that alpha was set at 0.01. Indirect effects are mentioned in the text.

3.4 Discussion

This study explored the role of stigmatization in explaining the psychological sequelae of sexual violence against female adolescent victims living in a (post-) war context. First, more than one third of the adolescent girls reported experiences of sexual violence (both rape and intimate partner violence, both during and after the armed conflict), a prevalence that is comparable to or even slightly higher than those documented in other recent studies of eastern Congolese women (Johnson et al., 2010). Second, similar to other studies (e.g., Resick, 1993), adolescent girls who experienced sexual violence showed pervasive mental health problems, in particular symptoms of depression, anxiety, and posttraumatic stress. Moreover, girl victims of sexual violence reported more war-related traumatic experiences, such as witnessing violence against family members, being injured during war, and being captured by armed groups. The precise chronology of these different war-related traumatic events, including the experience of sexual violence, remains unclear. It is most likely that sexual violence went hand in hand with other war-related traumatic events, such as being captured or witnessing violence against family members, yet in some cases, sexual violence and its social consequences (such as exclusion and stigma) will have rendered girls more vulnerable to experiencing other war-related trauma (such as being enrolled in an armed group). Third, in congruence with other studies (e.g., Filipas & Ullman, 2001; Steiner et al., 2009), adolescent girls who experienced sexual violence faced far more experiences of stigmatization, including feelings of being treated worse than others, being insulted, and rejection by and exclusion from family and/or community. Furthermore, our findings show that this stigmatization – more than the direct impact of the sexual violence experiences – largely explains the mental health impact of sexual violence, in particular adolescent girls' reported symptoms of depression and posttraumatic stress (avoidance, hyper arousal, and total PTSD symptoms). These observed effects of stigmatization on mental health outcomes in victims of sexual violence underwrite qualitative findings of victims expressing how stigma can have as severe an impact as the actual rape (Rees et al., 2011). The use of sexual violence in armed conflicts and the continuation of these acts in post-conflict contexts, also by civilians, thus clearly destroy the social fabric of families and communities, resulting in a pervasive impact on individual victims' health. Here, the discrepancy between full mediation for avoidance and depressive symptoms and the lack of mediation by stigmatization for intrusion and anxiety symptoms raises the

question of to what extent symptoms of avoidance and depression operate as expressions of disrupted social relationships. Indeed, while intrusion and anxiety symptoms may stem from direct emotional and psychophysiological responses to reliving traumatic events of sexual abuse, our findings indicate that symptoms of avoidance and depression may constitute a marker of a stigmatized social position within the individual's family and community. The lack of mediation by stigmatization for intrusion and anxiety symptoms thus also shows that besides the powerful influence of stigmatization on victims' mental health, sexual violence also directly affects girls' psychological well-being (cf. Filipas & Ullman, 2001). This illustrates the direct and far-reaching mental health impact of sexual violence, pointing clearly to the devastating impact of this extremely widespread phenomenon of sexual violence in the conflict and post-conflict regions of eastern DRC.

3.4.1 Implications

These findings have important clinical implications for providing psychosocial interventions to adolescent victims of sexual violence in conflict and post-conflict settings. Overall, there is a clear need for an integrative approach that includes both the individual victim and the entire social environment (family, community, and society at large) (Kelly et al., 2012; Ullman and Filipas, 2001). Because stigmatization largely explains the impact of sexual violence on the mental health of adolescent victims, interventions are recommended to include family- and system-oriented approaches such as family therapy, community interventions, and sensitization activities. Moreover, attention needs to be given to particular (wrong) cognitive perceptions of individual victims regarding their possible role in the acts of sexual violence and to providing victims with support in working out how to address negative social reactions. Third, at the level of society overall, sensitization actions are needed to inform civilians, the police and the military about possible misperceptions about sexual violence, with the aim of reducing both the prevalence of acts of sexual violence and the large-scale stigmatization of and discrimination against victims of this severe human rights violation.

3.4.2 Limitations

Interpretation of the findings needs to consider the following study limitations. First, the sample integrates only school-going adolescent girls in the environment of Bunia, the largest city of the Ituri district, and excludes out-of-school adolescents, reducing the study's generalizability to out-of-

school adolescent girls. In addition, boys were not included in the study in light of the even stronger taboo against reporting sexual violence against them, which should definitely not be read as denying that boys ever become victims of sexual violence (Johnson et al., 2010). Third, it is likely that the prevalence of sexual violence reported here is an underestimation of reality, given the fear of stigmatization when reporting on sexual violence in eastern Congo (Duroch et al., 2011), although the inclusion of different forms of sexual violence (including on-consensual sexual experiences within relationships) in the questionnaires might have facilitated greater openness in reporting on sexual violence experiences. Furthermore, the expectations of particular participants that they would receive material compensation for their participation – although they were thoroughly informed no compensation would be given – might have influenced participants' responses. Fourth, the questionnaires could not cover all mental health problems, or all participants' experiences of trauma and stigmatization, although the rigorous pre-study cross-cultural and contextual validation process of all instruments significantly increased their feasibility for use in this particular context.

3.5 Conclusion

Our results suggest that adolescent girls in eastern Congo are highly likely to experience human rights abuses, in particular sexual violence. In addition to the direct impact of these experiences of sexual violence on their mental health, they are also confronted with widely impacting stigmatization and social exclusion by both family and community. We found a strong mediating impact of stigmatization on the psychological sequelae of sexual violence in this war-torn region. These findings call for comprehensive actions, supporting individuals, families, communities, and society at large in dealing with the trauma and impact of sexual violence.

Acknowledgements

We kindly thank all the Congolese supervisors and researchers for their logistical assistance in data collection and data entry. We would also like to thank Nancy Say Kana, coordinator CCVS RDC, and the whole CCVS RDC team, Dr. Kirere Mathe, ISTM and CME Nyankunde, without whose logistical support the study would not have been possible.

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Zawadi and her family were struck badly by the war. As the militias entered her neighborhood they passed by their house first. They lit it on fire, and even though most of her family members barely made it out there was no way of saving her baby sister. Her brother was tied up and taken captive by the rebels and was never seen again. The militias moved on to find the leaders of the clan, leaving them behind while all they owned was either burnt or stolen. Zawadi was forced to flee with her family to the refugee camp close to the UN base, where they lived in poor and unsafe circumstances. As time passed on, the town of Bunia became safer and they decided to move back to their neighborhood. From tents to a small mud built hut housing 15 family members, they regained their lives amidst the insecurities of war. One day when Zawadi was only fifteen, she went out to work on the field of one of the neighbors to get a bit of money. On the way she met a man she had seen before in the community. He even went to the same church. The man was at least thirty and ordered her to help him carry the water from the borehole to his house. It is there that he raped her, when there was nothing she could do. Zawadi was so embarrassed, would she every bring this shame upon her family? The man told her she would be better off staying with her as she was no longer worth anything, would never be able to find another husband if the community knew that she was no longer a virgin. He let her out of the house, but Zawadi didn't dare to go home. The shame would kill her family, they had already gone through so much... Zawadi didn't know what else to do than go back to the man and agree. She would go and see her family to inform them about how they wanted to get married. Two days later Zawadi came home and her father took her closely in his arms having worried about her for the past few days. "My daughter you are home". Zawadi told him, holding back her tears, that she had found a husband and would now go and live with him. Her parents couldn't believe it. How could she do something like this? She was still so young? His father had such great dreams for her. He wanted to help her in her studies, all the way up to university. Because she didn't know what else to do, Zawadi packed the few clothes she owned and left her family members in tears, who were pleading for her to stay and at least stay home for some more years until she would have finished school. Zawadi went to stay with the man, for no other reason than to protect her family from the shame they would feel, the insults they would get from the community. Her new 'husband' visited her father who tried arguing with him pleading to get his daughter back. Yet the situation remained the same and the husband promised to pay the dowry little by little. What would bring pride to many other families, having a daughter married at fifteen to a husband that would pay a bride price, only pained Zawadi's father. Zawadi stayed with the man but suffered from his endless drinking habits and violent behavior. He would rape her and hit her over and over again. Even when they had their first child he didn't stop. While his family members and neighbors tried to plead with him, asking him to treat his family well, the violence didn't end. His drinking prevented him to providing for his family so Zawadi was hungry, not able to feed her child. It pained her every day that she was away from her family where she would at least be loved and cared for with the little they had. Years passed on and violence continued, Zawadi got used to surviving in her own marriage. As she got pregnant the second time she could not help feeling sad and worrisome every day. She had a hard time getting up in the morning, thinking about how she would rather 'not be in this world anymore'....



Chapter Four

The impact of sexual violence on the mental health of eastern Congolese girls: associations with daily stressors, stigma, and labeling*

* Based on Verelst, A., De Schryver, M., Broekaert, E., & Derluyn, I. (2014). The impact of sexual violence on mental health of Eastern Congolese girls: associations with daily stressors, stigma, and labeling. *BMC Women's Health*, 14: 106.



Abstract

Background

The conflict-ridden context of eastern Congo has set the scene for grueling human rights violations, with sexual violence as one of the ‘weapons of war’. Currently, sexual violence continues, with a considerable increase in civilian perpetrators. However, little is known regarding the particular impact of different experiences of sexual violence on adolescents’ mental health. This study therefore investigates the impact of sexual violence on eastern Congolese adolescents’ mental health and its differing associations with daily stressors, stigma, and the labeling of sexual violence (as ‘rape’ or ‘non-consensual sexual experience’).

Methods

A cross-sectional, population-based survey design was implemented in 22 secondary schools, randomly selected from a stratified sample, in Bunia, eastern Congo, a region extensively affected by war. A total of 1,305 school-going adolescent girls aged 11 to 23 participated. Self-report measures of mental health symptoms, war-related traumatic events, experiences of sexual violence, daily stressors, and stigmatization were administered. Differences in sociodemographic characteristics, traumatic experiences and daily and social stressors between types of sexual violence (rape, non-consensual sexual violence, no sexual violence) were explored through statistical analysis. ANCOVA analyses investigated associations between those risk factors and adolescents’ mental health.

Results

More than one third of eastern Congolese adolescent girls reported experiences of sexual violence. Elevated levels of daily stressors, experiences of stigmatization, and stressful war-related events were found amongst girl victims of sexual violence, with the highest levels for girls who labeled the sexual violence as rape. Daily stressors, stigmatization, and war-related events showed a large impact on the girls’ mental health. Last, girls who labeled the sexual violence as non-consensual sexual experiences reported more post-traumatic hyper-arousal and intrusion symptoms compared to those labeling the sexual violence as rape.

Conclusions

These findings point to the important association between how war-affected adolescent girls label sexual violence (rape or non-consensual sexual experiences) and their mental health. This study also documents the large impact of sexual violence on other stressors (daily stressors, stigmatization, and stressful war events) and the impact of these stressors on girl victims' mental health. It discusses important implications for addressing sexual violence and its consequences in war-affected contexts.

Keywords: War, mental health, adolescent girls, stigmatization, daily stressors, labeling rape

4.1 Introduction

Armed conflicts in the eastern Democratic Republic of Congo (DRC) have caused over five million casualties and displaced hundreds of thousands of civilians in the past two decades (Coghlan et al., 2006), with a devastating ongoing impact that persists today (Dolan, 2010). During these wars, the civilian population has been a primary target through, amongst other war strategies, looting, brutal massacres, torture, sexual violence, and cannibalism (Pottier, 2008; Vlassenroot & Raeymaekers, 2004). The tactic that has heightened worldwide attention to the Congolese wars is sexual violence, a 'weapon of warfare' (Bartels, VanRooyen, Leaning, Scott & Kelly, 2010; Eriksson-Baaz & Stern, 2013) that has been strategically used in numerous conflicts throughout history (Human Rights Watch, 2000; Leatherman, 2011; Wood, 2006) to humiliate, dominate, instill fear in, disperse, and/or forcibly relocate civilian members of communities and ethnic groups (UN Security Council, 2008). Though exact numbers on the prevalence of sexual violence in the region do not exist, there are overall estimates of nearly 1.69 to 1.80 million eastern Congolese women aged 15 to 49 years who report histories of being raped (Peterman et al., 2011). Not only are many individuals harmed, but also the social tissue that holds society together is torn, communities and families are destroyed and demoralized (Human Rights Watch, 2009; Thomas & Ralph, 1999), and cultural and political solidarity is undermined (Mukwege & Nangini, 2009). In eastern DRC, sexual violence has been used in armed conflict with extreme brutality and destructiveness (Bartels et al., 2010; Maedl, 2011); Mukwege & Nangini, 2009; Peterman, Palermo & Bredenkamp, 2011). Recent reports also shed light on other dimensions of sexual violence in this war-ridden environment. A considerable increase in sexual violations perpetrated by civilians (as compared to sexual violence perpetrated by military personnel) and sexual violence against minors (Malemo et al., 2011; Nelson, Collins, VanRooyen, Joyce, Mukwege & Bartels, 2011) has been observed in these regions, with various reports and studies alluding to a 'normalization' or 'civilization' of rape in eastern Congo (Bartels et al., 2010). While officially the signing of peace agreements has brought the armed conflict in eastern Congo to an end, eastern Congolese communities perceive their region as remaining in a continuous state of war, with ongoing sexual violence as one of the principal indicators (Dolan, 2010). These evolutions call for a broader perspective on sexual violence in these warring contexts, since the singular discourse of 'rape as a weapon of war' systematically neglects other forms of sexual

violence, such as domestic sexual violence and sexual violence perpetrated by civilians (Dolan, 2010; Douma & Hilhorst, 2012). The consequences of sexual violence for victims' mental health have been extensively described (Bartels, Scott, Leaning, Mukwege, Lipton & VanRooyen, 2010; Johnson et al., 2010; Resick, 1993), although evidence of the impact of sexual violence, in particular on adolescents, remains limited (Bal, Crombez, Van Oost & Deboudeaudhuij, 2003). In addition, studies have tried to identify factors impacting on these mental health consequences. Recent research has widened the scope from a dose-effect study of traumatic exposure on posttraumatic stress symptoms (Allwood, Bell-Dolan & Husain, 2002) to a broader model that includes daily stressors as important factors influencing mental health (Campbell, Dworkin & Cabral, 2009; Ellis, MacDonald, Lincoln & Cabral, 2008; Miller, Omidian, Rasmussen, Yaqubi & Daudzai, 2008; Miller & Rasmussen, 2010). Daily stressors encompass both current difficult material and situational living circumstances (e.g., unemployment, disease, poverty, poor housing) and social stressors. Social stressors are widespread in community reactions to sexual violence in eastern Congo (Bartels et al., 2010; Johnson et al., 2008; Kelly, Kabanga, Cragin, Alcayna-Stevens, Haider & VanRooyen, 2012; Kelly, Betancourt, Mukwege, Lipton & VanRooyen, 2011) and include attitudes of blaming the victim, exonerating the rapist, and stigmatizing and rejecting the victim (Bohner, Pina, Viki Tendayi & Siebler, 2010; Kelly et al., 2011; Kelly et al., 2012). Stigmatization, in particular, has been shown to largely impact the well-being of sexual violence victims (Betancourt, Agnew-Blais, Gilman & Ellis, 2010; Campbell, Ahrens, Sefl, Wasco & Barnes, 2001; Ullman, Starzynski, Long, Mason & Long, 2008).

Sexual violence, and the social reactions it illicit, can possibly be framed within broader sociocultural perspectives on gender (Douma & Hilhorst, 2012). In DRC, as in many countries, gender norms and discourses are generally described as being supportive of the idea that women should be powerless and submissive (Dolan, 2010; Pankhurst, 2008; Puechgirbal, 2003), and should fulfill men's sexual needs. This kind of sociocultural gender norm, which promotes unequal gender standards, may justify violence against women (Heise, Ellsberg & Gottemoeller, 1999; Jejeebhoy & Bott, 2005) and even lower the psychological threshold for sexual violence (Dolan, 2010).

These norms also influence how victims often do not label their experiences of sexual violence as rape, because they perceive such coercion as normal

(Jejeebhoy & Bott, 2005) even if it complies with all legal definitions of rape. Equally, experiences of sexual violence often remain undisclosed because of fear of stigma, blame, or additional violence (Arata, 1999; Braun-Lewensohn, Celestin-Westreich, Celesing, Verleye, Verté & Ponjaert-Kristoffersen, 2009; Duroch, McRae & Grais, 2011). Additionally, a predominant 'rape as a weapon of war' discourse may instill particular stereotypes of sexual violence. As such, rape may be related to acts of sexual violence that are committed by strangers (Kahn, Mathie & Torgler, 1994) or the military. Hence, victims might feel constrained from labeling an experience of sexual violence as rape or from seeking support if the sexual violence does not fit these stereotypes (Bondurant, 2001; McGee, O'Higgins, Garavan & Conroy, 2011; Peterson & Muehlenhard, 2004; Ryan, 2011). In developing countries, where young people rarely affirmatively answer general questions on 'forced sex' or 'rape', but still do experience a high prevalence of diverse forms of sexual violence (e.g., forced sex within marriage, attempted rape or fondling, exchange or transactional sex, forced prostitution), the concept of 'non-consensual sexual experience', defined as a range of behaviors that includes unwanted penetrative sex, attempted rape, unwanted touch, and non-contact forms of abuse, is more often used (Erulkar, 2004; Jejeebhoy & Bott, 2005). Factors influencing whether young people label a non-consensual experience as rape are related to existing stereotypes of 'typical rape', the nature of acquaintance or relationship with the perpetrator, the perpetrator's behavior or level of intoxication, and the labeling of coercion as a normal sexual act (Jewkes, 2005; Kahn, Jackson, Kully, Badger & Halvorsen, 2003; McGee et al., 2011).

Still, these forms of non-consensual sexual experience, which girls and young women endure but do not label as rape, may also have considerable mental and physical health consequences (Jejeebhoy, Shah & Thapa, 2005; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002). These may possibly differ from the impact of acknowledged rape experiences. Some studies have found that women who label experiences of sexual violence as rape tend to show less negative psychological consequences (Clements & Ogle, 2009). Moreover, they recover more quickly, since they are able to 'redefine' their experience (Gidycz & Koss, 1991), they reduce their feelings of self-blame (Botta & Pingree, 1997), and more often seek support from others (Harned, 2005; Littleton, Axsom, Breitkopf & Berenson, 2006). By contrast, Layman, Gidycz and Lynn (1996) found that self-reported rape victims develop more posttraumatic stress symptoms.

However, most studies of sexual violence in war and armed conflict, in particular those conflict situations where sexual violence was/is used on a wide scale, do not differentiate between rape and non-consensual sexual violence, and only focus on self-reported rape. Additionally, little is yet known about the associations between daily stressors and stigmatization, victims' own labeling of the sexual violence, and adolescents' psychological well-being. This research therefore investigates the psychological sequelae of sexual violence in adolescent girls in war-affected eastern DRC in relation to their experiences of daily stressors and stigmatization and to their own labeling of the sexual violence they underwent (i.e. as 'rape' or as 'non-consensual sexual experience').

4.2 Methods

4.2.1 Participants and procedure

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

	Total group (n= 1,304)	No sexual violence (n= 806)	Rape (n=183)	Non- consensual sex (n= 315)	<i>F/χ²</i>
Age†	15.89 (1.54%)	15.73 (1.49)	16.34 (1.51)	16.04 (1.63)	13.90*
Socio-economic status					21.08*
Bric house	600 (46.4%)	404 (50.5%)	86 (47.5%)	110 (35.3%)	
Non bric house	693 (53.6%)	396 (49.5%)	95 (52.5%)	202 (64.7%)	
Parental availability					22.10*
Both parents alive	991 (74.9%)	622 (78.2%)	112 (61.5%)	232 (75.1%)	
One or both parents deceased	333 (25.2%)	173 (21.8%)	70 (38.5%)	77 (24.9%)	

N(%); †Mean (SD); *p<.01.

The study was conducted in the district of Ituri, eastern DRC, a region afflicted by armed conflict for decades (Human Rights Watch, 2003; Punier, 2009). Twenty-two secondary schools in all 10 neighborhoods across the large region of Ituri's main city, Bunia, were selected using stratified sampling in

relation to location (rural, suburban, and urban regions); none of the selected schools refused to participate. In all schools, all female pupils in the second and third years of high school, where literacy and comprehension of the questionnaires could be assumed, were invited and consented to take part in the study ($n = 1,304$). Of the participants, who were aged 11 to 23 with a mean age of 15.89 ($SD=1.54$) years old, 14.0% ($n=183$) confirmed having been raped, while 24.2% ($n=315$) mentioned having experienced a non-consensual sexual experience (NCSE) that they didn't label as rape (table 1). Some sociodemographic differences were found between the three groups of sexual violence (i.e. rape, non-consensual sexual experience, and no sexual violence) (table 1).

The questionnaires were administered in a six week period in 2011, during a 60- to 90-minute class period while the boys of the respective classes were engaged in other activities organized by the teacher. A description of the study was provided to the participants and followed by obtaining written informed consent from each. During the completion of the self-report questionnaires, the researcher or at least two research assistants were present to provide supervision and guidance. Questionnaires were administered in French, since this is the official language in secondary schools and a pilot study showed that students preferred French questionnaires over translated Kiswahili versions. Questionnaires were self-administered while thoroughly guided and structured by the research assistants. To promote inter-researcher reliability, extensive theoretical and practical training was provided to all research assistants (90h). The researcher provided her contact details to participants, and also information on local psychological support projects for those in need of further professional care. The researcher had access to a large network of professional psychosocial services, which was used for referral of study participants. Ethical approval for the study was given by the Ethical Committee of the Faculty of Psychology and Educational Sciences, Ghent University.

4.2.2 Measures

Six self-report questionnaires, all adapted for use in eastern Congo (Mels, Derluyn, Broekaert, & Rosseel, 2009; Mels, Derluyn, Broekaert & Rosseel, 2010) were administered. First, a sociodemographic questionnaire

investigated variables such as age, housing situation (as an indicator of participants' socioeconomic status), and parental availability.

Second, the Adolescent Complex Emergency Exposure Scale (ACEES) (Mels et al., 2009) measured exposure to 14 context-specific and potentially traumatic war-related events (*yes/no*), such as having witnessed people being killed, being separated from family, and having witnessed rape. Specific questions regarding experiences of sexual violence were added to the questionnaire. Besides the question 'Have you experienced rape?' these comprised four questions referring to other forms of sexual violence or coercive sexual experience: being forced to have sex with a boyfriend, to have sex with someone you know, to have sex in exchange for goods, and to marry. These four forms of coercive sexual experience are all mentioned as being "sexual violence" in 2006 Congolese legislation (DRC Government, 2006).

Third, the Adolescent Complex Emergency Daily Stressors Scale (ACEDSS) (Mels et al., 2009) inquired whether a range of different daily and social stressors (stigmatization) had occurred during the past month (*yes/no*). They comprised 14 daily stressors (e.g., lack of food or medical care) and 14 stigmatization items (perceived discrimination and social exclusion in the familial and community context, e.g., being treated as if you were different, being isolated by the nuclear family, being treated badly by family members). These stigmatization items were initially derived from the Everyday Discrimination Scale (Williams, Yan Yu & Anderson, 1997) and then adapted to the particular cultural context following the procedure of Mels and colleagues (Mels et al., 2010).

Fourth, symptoms of posttraumatic stress were measured with the culturally adapted Congolese (French) version (Mels et al., 2010) of the Impact of Event Scale-Revised (Weiss, 2004), a diagnostic self-administered questionnaire comprising 22 questions to be answered on a 5-point Likert scale (from 0 *never* to 5 *extremely*), accompanied by a visual probe. Items were grouped into three subscales (symptoms of intrusion, avoidance, and hyper-arousal). Cronbach's alphas in this study were between .77 and .83.

Finally, the culturally adapted Congolese (French) version (Mels et al., 2010) of the Hopkins Symptom Checklist-37 for Adolescents (Bean, Derluyn, Eurlings-Bontekoe, Broekaert & Spinhoven, 2007) measured symptoms of anxiety (12 items), depression (13 items), and externalizing problems (12

items). All items had to be answered on a 4-point Likert scale (from 1 *not/never* to 4 *always*), accompanied by a visual probe. Chronbach's alphas in this study were between .60 and .85. The externalizing scale that had a Chronbach alpha of .60 was omitted from further analysis owing to insufficient reliability.

4.2.3 Analysis

Descriptive statistics, ANOVA and χ^2 analyses (with reports on odds ratios) were used to explore differences in sociodemographic characteristics, traumatic experiences, and daily and social stressors between the three types of sexual violence (victims of rape (Rape), victims of non-consensual sex (NCS) and those who did not report any of either (NSV)). ANOVA analyses were performed for total scores of traumatic exposure, daily stressors, and stigmatization as dependent variables, and 'type of sexual violence' as the independent variable, using dummy coding with base level 'NSV'. The regression coefficients obtained indicate the expected mean differences between Rape and NCS compared to NSV.

Second, five separate ANCOVA analyses investigated associations between four factors – sociodemographic characteristics (age, socioeconomic status (brick house or other), parental availability (both parents alive or not)), traumatic exposure (total ACEES score), daily stressors and stigmatization (ACEDSS subscales), and type of sexual violence (NSV, NCS and Rape) – and mental health measures (HSCL-37A depression and anxiety subscales, IES-R intrusion, avoidance, and hyper-arousal subscales). All main terms were included in the model, as also the two-way interaction terms for type of sexual violence with the covariates ACEES and ACEDSS. To avoid multicollinearity, factors were effect-coded and the covariates were centered. Five separate models were fitted for the different mental health measures. Considering the large sample and the range of variables included in the analysis, the level of significance was put more conservatively at .01 to avoid Type I errors. Analyses were performed using R-2.15.2 (R Development Core Team, 2011).

4.3 Results

4.3.1 *Stressful war events, daily stressors and stigmatization*

Potentially traumatic war-related events were frequently reported (table 2). Overall, victims of sexual violence (both rape and non-consensual sexual violence) were at higher risk of having experienced war-related traumatic events than girls who did not report sexual violence. Further the risk for victims of rape to have also experienced other traumatic events was higher than for participants who reported experiences of non-consensual sexual violence. Being enlisted as a child soldier and imprisonment were, in particular, frequently reported by rape victims.

Material daily stressors were equally frequently reported, with significant differences between the three groups (table 3). Compared to participants who did not report sexual violence, victims of rape reported over eight times more risk of being accused of witchcraft and over four times more risk of insufficient medical care or lack of schooling. But girl victims of non-consensual sexual violence also showed a higher risk of experiencing daily stressors compared to girls who did not experience sexual violence. In addition, the results showed that girls who labeled their experiences as rape had a considerably higher risk of reporting daily stressors compared to adolescent victims of non-consensual sexual violence.

Similarly, victims of sexual violence (both rape and non-consensual sexual violence) had a much higher risk of experiencing stigmatization compared to participants who did not report sexual violence (table 4). Girls who reported rape experienced more stigmatization than girls who reported non-consensual sexual violence.

TABLE 2: WAR-RELATED TRAUMATIC EXPERIENCES (ACFES)

	Total (n=1,304)	NSV (n= 806)	Rape (n= 183)	NCS (n= 315)	OR RAPE/NSV	OR NCS/NSV	OR Rape/NCS	χ^2/F^\dagger
Have been separated from family	284 (22.1%)	137 (17.2%)	50 (27.8%)	97 (31.2%)	1.85**	2.18**	0.85	29.38**
Have witnessed violent acts against family members or friends	172 (13.4%)	84 (10.5%)	37 (20.3%)	51 (16.9%)	2.17**	1.72**	1.26	16.29**
Had family members or friends violently killed during the war	515 (40.6%)	292 (37.3%)	96 (53.3%)	127 (41.5%)	1.92**	1.19	1.61	15.76**
Experienced pillage or setting your house on fire	592 (47.1%)	335 (43.1%)	116 (65.9%)	141 (46.4%)	2.56**	1.14	2.23**	30.15**
Experienced gunfire attacks	525 (42.3%)	276 (35.7%)	106 (59.6%)	143 (49.1%)	2.65**	1.74**	1.52	41.06**
Have seen somebody being killed	479 (38.1%)	245 (31.0%)	79 (51.3%)	155 (49.7%)	2.34**	2.20**	1.07	45.92**
Have seen dead bodies or mutilated bodies	491 (38.4%)	250 (31.5%)	108 (59.7%)	133 (43.5%)	3.21**	1.67**	1.92*	53.79**
Have been injured during the war	113 (8.9%)	36 (4.5%)	41 (26.3%)	36 (11.5%)	7.56**	2.75**	2.74**	79.69**
Have been in prison	74 (5.7%)	6 (7.0%)	48 (26.7%)	20 (6.4%)	48.18**	9.11**	5.29**	183.22**
Have been enrolled in an armed group	48 (3.8%)	3 (.4%)	25 (16.0%)	20 (6.4%)	50.76**	18.22**	2.79*	95.73**
Have been kidnapped by an armed group	85 (6.5%)	16 (2.0%)	51 (28.0%)	18 (5.7%)	19.17**	2.99**	6.40**	165.01**
Have been forced to kill, injure or rape someone themselves	75 (5.9%)	25 (3.3%)	35 (22.2%)	14 (4.6%)	8.45**	1.42	5.96*	85.67**
Have seen someone being raped	180 (14.1%)	67 (8.4%)	56 (31.6%)	57 (18.9%)	5.08**	2.56**	1.98**	72.79**
<i>Total traumatic exposure (mean, SD)</i>	<i>2.83 (2.43)</i>	<i>2.19 (1.90)</i>	<i>4.71 (3.05)</i>	<i>3.16 (2.45)</i>	<i>2.43**</i>	<i>1.01**</i>	<i>1.42**</i>	<i>86.62**</i>

N(%); [†] *p<.01, **p<.001; OR: odds ratio, NSV: no sexual violence, NCS: Non-consensual sexual experience.

TABLE 3: DAILY STRESSORS (ACEDSS)

	Total group (n= 1,304)	NSV (n= 806)	Rape (n= 183)	NCS (n= 315)	OR Rape/NSV	OR NCS/NSV	OR Rape/NCS	χ^2/F^\dagger
Feelings of insecurity	522 (40.0%)	261 (33.3%)	100 (55.2%)	150 (48.1%)	2.47**	1.86**	1.33	40.72**
Impossibility of paying school fees	609 (46.4%)	313 (39.7%)	113 (61.7%)	171 (54.8%)	2.45**	1.84**	1.33	40.55**
Insufficient food	488 (37.7%)	230 (29.4%)	105 (59.0%)	142 (45.8%)	3.45**	2.03**	1.70*	65.98**
Insufficient clothing	529 (40.9%)	276 (35.5%)	95 (52.8%)	145 (46.8%)	2.03**	1.60**	1.27	24.25**
Sickness in family	778 (60.1%)	438 (56.1%)	127 (70.6%)	193 (62.7%)	1.88**	1.31	1.43	14.19*
Insufficient medical care	429 (33.1%)	201 (25.6%)	107 (60.5%)	112 (33.1%)	4.41**	1.66**	2.66**	81.73**
Skipping school because of working	364 (28.0%)	151 (19.2%)	94 (52.8%)	110 (35.7%)	4.72**	2.34**	2.01**	94.23**
Worried about family	773 (59.5%)	454 (57.7%)	95 (53.1%)	205 (66.6%)	0.83	1.46	0.57*	10.43**
High task load	508 (39.6%)	250 (32.0%)	116 (64.8%)	131 (43.8%)	3.91**	1.66**	2.36**	68.64***
Physical punishment	450 (34.9%)	226 (28.9%)	108 (60.7%)	112 (36.4%)	3.79**	1.40	2.70**	64.25***
Pursued by bad fate/bad spirits	329 (25.4%)	121 (15.4%)	112 (61.5%)	91 (29.6%)	8.79**	2.32**	3.80**	169.83***
Being sick	708 (54.7%)	399 (51.0%)	123 (68.0%)	176 (57.6%)	2.03**	1.29	1.57	18.52**
Living with too many people in a home	685 (52.8%)	366 (46.7%)	129 (71.3%)	178 (57.6%)	2.83**	1.55**	1.83*	39.14***
Don't know father	252 (19.2%)	77 (9.6%)	107 (58.8%)	65 (20.9%)	13.41**	2.48**	5.40**	231.53***
<i>Total daily stressors (mean, SD)</i>	5.34 (3.31)	4.57 (2.98)	7.78 (2.98)	6.08 (3.11)	3.21**	1.51**	1.70**	201.12***

N(%); *p<.01, **p<.001; OR: odds ratio, NSV: no sexual violence, NCS: Non-consensual sexual experience.

TABLE 4: STIGMATIZATION (ACEDSS)

	Total group (n= 1,304)	NSV (n= 796)	Rape (n= 180)	NCS (n= 311)	OR Rape/NSV	OR NCS/NSV	OR Rape/NC S	χ^2/F^\dagger
Corporal punishment by family member	321 (24.3%)	79 (9.9%)	104 (56.8%)	132 (42.3%)	12.03**	6.70**	1.80*	251.00**
Hear that people say bad things about you or your family	577 (43.9%)	294 (36.8%)	113 (62.8%)	156 (50.0%)	2.90**	1.72**	1.69*	47.16**
You are treated worse than other people	326 (25.1%)	122 (15.4%)	109 (60.9%)	87 (28.2%)	8.55**	2.16**	3.96**	164.21**
You are treated with less respect than other people	370 (28.4%)	145 (18.2%)	104 (58.1%)	115 (37.3%)	6.22**	2.67**	2.33**	130.14**
You are treated badly by a family member	292 (22.3%)	102 (12.8%)	94 (51.6%)	88 (28.5%)	7.28**	2.71**	2.68**	139.89**
Rejected/abandoned by your (close) family	174 (13.3%)	44 (5.5%)	52 (28.7%)	73 (23.7%)	6.92**	5.35**	1.29	113.00**
Rejected/abandoned by your community	194 (14.8%)	44 (5.5%)	90 (49.5%)	57 (18.6%)	16.87**	3.93**	4.29**	232.29**
Treated as if people are scared of you	237 (18.1%)	63 (7.9%)	94 (52.2%)	75 (24.5%)	12.79**	3.80**	3.37**	206.81**
Threatened by others	428 (32.7%)	203 (25.5%)	99 (54.7%)	116 (37.7%)	3.53**	1.78**	1.98**	68.84**
Called dishonest	299 (22.8%)	107 (13.4%)	97 (53.6%)	91 (29.4%)	7.48**	3.73**	2.74**	149.25**
People act as if they're better than you	612 (46.6%)	323 (40.5%)	120 (67.0%)	155 (49.7%)	2.99**	1.45	2.06**	43.27**
People act as if they're smarter than you	584 (44.9%)	301 (38.1%)	112 (62.9%)	157 (51.0%)	2.75**	1.68**	1.63	43.37**
You receive poorer service than other people at stores/services	311 (23.8%)	147 (18.6%)	71 (39.2%)	85 (27.6%)	2.83	1.67**	1.69*	38.34**
You are insulted	583 (44.5%)	299 (37.6%)	119 (65.7%)	155 (49.7%)	3.18	1.64**	1.94*	51.75**
<i>Total stigmatization (mean, SD)</i>	<i>3.95 (3.45)</i>	<i>2.82 (2.50)</i>	<i>7.53 (4.28)</i>	<i>4.90 (3.37)</i>	<i>4.78</i>	<i>2.21**</i>	<i>2.63**</i>	<i>200.33**</i>

N(%); † *p<.01, **p<.001; OR: odds ratio, NSV: no sexual violence, NCS: Non-consensual sexual experience

4.3.2 Mental health

TABLE 5: MENTAL HEALTH SYMPTOMS (IES-R, HSCL-37A)

	No sexual violence (n=806)	Rape (n= 183)	Non-consensual sex (n=315)
IES-R			
Avoidance/Numbing	1.80 (.70)	2.06 (.68)	2.14 (.76)
Intrusion	1.71 (.63)	1.83 (.69)	2.09 (.79)
Hyper arousal	1.71 (.68)	2.08 (.67)	2.15 (.83)
Total score	1.74 (.61)	1.98 (.57)	2.12 (.71)
HSCL-37A			
Depression	1.61 (.33)	1.76 (.36)	1.77 (.37)
Anxiety	1.71 (.37)	1.79 (.37)	1.85 (.38)
Mean (SD)			

Mental health outcomes for the three groups are reported in table 5. ANCOVA analyses investigating the impact of several independent variables on mental health outcomes revealed that participant's socioeconomic status had no impact on mental health symptoms. Participants whose parents were still alive reported lower symptoms of anxiety (HSCL-37A).

War-related traumatic exposure (ACEES) impacted all mental health outcomes. Daily stressors were associated with an increase of posttraumatic stress symptoms (avoidance, intrusion, and hyper-arousal). The level of stigmatization was associated with symptoms of depression and anxiety (HSCL-37A) and hyper-arousal (IES-R). Hereby, higher scores in war-related trauma, stigmatization, and daily stressors always led to more psychological problems.

TABLE 6: ANCOVA ANALYSIS INVESTIGATING THE IMPACT OF DIFFERENT VARIABLES ON MENTAL HEALTH OUTCOMES

	IES-R			HSCL-37A		
	Avoidance	Intrusion	Hyper-arousal	Depression	Anxiety	
(Intercept)	1.76**	1.79**	1.86**	1.61**	1.89**	
Age	.01	.00	.00	.01	-.01	
Socioeconomic status	-.03	-.03	-.04	-.02	-.01	
Parental availability	-.03	-.02	-.05	-.05	-.04*	
Type of sexual violence	(-.04)(-.03) F(2,1228)=3.06	(-.02)(-.10) F(2,1260)=6.00*	(-.04)(-.10) F(2,1257)=9.15**	(.01)(-.04) F(2,1248)=2.35	(.02)(-.06) F(2,1251)=2.76	
Traumatic exposure	.07**	.09**	.09**	.03**	.03**	
Daily stressors	.04**	.04**	.05**	.01**	.02**	
Stigmatization	.01	.02*	.03**	.02**	.01**	
Type of sexual violence * traumatic exposure	(.01)(-.02) F(2,1228)=0.86	(.00)(-.03) F(2,1260)=3.37	(.01)(-.01) F(2,1257)=0.63	(.00)(.00) F(2,1248)=0.07	(.00)(.00) F(2,1251)=0.16	
Type of sexual violence * daily stressors	(.01)(-.02) F(2,1228)=1.94	(.01)(-.02) F(2,1228)=1.88	(.01)(-.02) F(2,1257)=1.21	(.01)(-.02) F(2,1248)=4.98*	(.00)(-.02) F(2,1251)=4.82*	
Type of sexual violence * stigmatization	(.02)(-.02) F(2,1228)=1.94	(.00)(-.04) F(2,1260)=8.87**	(-.01)(-.01) F(2,1257)=1.46	(.01)(-.00) F(2,1248)=1.28	(.01)(-.01) F(2,1251)=4.22	
Explained variance without impact of type of sexual violence (r ²)	17.7%	20.7%	27.3%	21.3%	14.2%	
Overall explained variance (r ²)	19.9%	27.9%	30.2%	24.0%	18.0%	

For dichotomous variables: β ; Estimated Regression Coefficients, SE; Standard error; For non-dichotomous variables: $(\beta_1)(\beta_2)$ for effect-coded variables for factor sexual violence and $F(df_1, df_2)$; * $p < .01$, ** $p < .001$

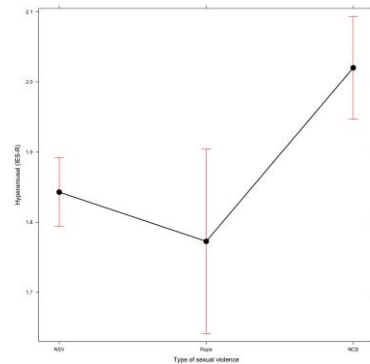


Figure 1 Effect plot hyperarousal for types of sexual violence

The type of sexual violence that participants reported impacted hyperarousal symptoms (see also additional variance explained by type of sexual violence, as mentioned in table 6). The highest level was for girls who reported experiences of non-consensual sexual violence, although we need to take into account the high variance of hyper-arousal symptoms reported by girls who labeled their sexual violence experiences as rape (figure 1). For symptoms of intrusion (IES-R), an interaction effect between type of sexual violence and the covariate stigmatization was found (figure 2). All types of sexual violence showed positive relations between stigmatization and intrusion symptoms, but compared to girls with rape experiences, the estimated regression lines showed stronger effects for participants who experienced non-consensual sexual violence or who did not report sexual violence, with higher mean scores for victims of non-consensual sexual violence. The estimated regression line for victims of rape thus indicated that the expected level of intrusion symptoms depended less on the level of stigmatization than for the other groups. A similar interaction effect was also found for daily stressors and type of sexual violence on symptoms of depression and anxiety: expected levels of anxiety and depression were less dependent on daily stressors for rape victims, while a strong positive relation was found for girls report NCSE or no sexual violence.

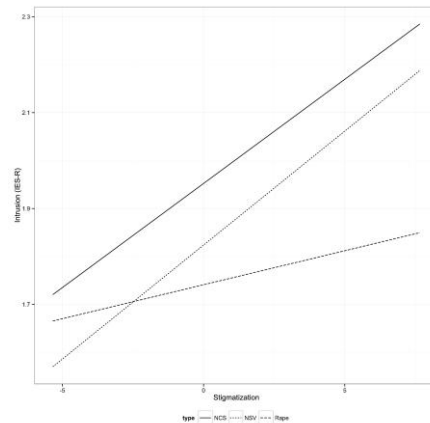


Figure 2 Interaction effect plot stigmatization and intrusion for types of sexual violence

4.4 Discussion

More than one third of the eastern Congolese girls in this study reported experiences of sexual violence, which is congruent with the high prevalence of sexual violence in eastern Congo that has been reported for many years (Peterman, Palermo & Bredenkamp, 2011). Girls who lived in poorer socioeconomic situations, as well as girls who have lower parental availability (one or two parents deceased), reported more sexual violence experiences than their peers. While little research has been undertaken in this context, other studies alluded to the risk that both a poorer socioeconomic status and parental separation could lead to a higher prevalence of sexual violence (Dolan, 2010). On the other hand, sexual violence could in its turn also lead to more difficult economic situations or to separation from parents (exclusion from family).

It is noteworthy, however, that about 63% of the girls who reported sexual violence did not label this experience as rape, although legally, their experiences of sexual violence qualified as such (McMullin & White, 2006). This was probably engendered by the strong current discourses describing rape in Congo as a 'weapon of war', thereby seemingly silencing rape by civilians or other forms of sexual violence (e.g., forced sexual experiences in marriage), which are described as 'everyday, and even boring' (Eriksson-Baaz & Stern, 2013). Particular sociocultural gender norms about rape may also have restrained victims from labeling their sexual violence experiences

as rape because of either uncertainty as to whether or not an experience was rape (Koss, 1989) or fear of stigmatization (Duroch et al., 2011).

This latter element shows up as highly relevant in our study, since girls who label their experiences as rape are clearly confronted with more negative social responses, as shown in the high levels of reported stigmatization experiences. We hereby need to acknowledge that these experiences of stigmatization referred to *perceived* stigmatization, which might be higher in particular conceptualizations of sexual violence (i.e. when the sexual violence is labelled as 'rape'), linked to certain expectancy effects with regards to stigmatisation.

Next to these higher levels of stigmatization, for both war-related traumatic experiences and material daily stressors we found similar patterns as for stigmatization: rape victims clearly reported more of these compared to victims who reported non-consensual sexual violations, although the latter group also experienced more of all investigated stressors (war-related trauma, daily stressors, and stigmatization) compared to girls who did not report any sexual violence experience. This clearly shows that sexual violence is mostly not a single trauma event, but goes hand in hand with exposure to other impacting events, whether concurrently with, preceding, or in the aftermath of the sexual violence, the latter being particularly the case with stigmatization of the victim by the wider community (Bartels et al., 2010; Johnson et al., 2008; Kelly et al., 2011).

This accumulation of stressors and traumatic events is one of the greatest explanatory factors in the mental health impact of sexual violence on adolescent victims, as shown in the high prevalence of mental health problems in this study, both in participants who labeled the sexual violence as rape as those who did not [50,55,67]. However, contrary to the expectation that – given the lower exposure to all investigated stressors in victims of non-consensual sexual violence compared to rape victims and the high explanatory role of these factors in mental health outcomes – the latter group would report significantly higher levels of mental health symptoms, we did not find significant differences between the two groups in symptoms of posttraumatic stress (avoidance), depression and anxiety. And for hyperarousal and intrusion symptoms (PTSD), we even found higher levels in girls who did not label their sexual violence experience as rape, in this respect also differing from other studies that reported higher levels of PTSD symptoms in acknowledged compared to unacknowledged rape victims

(Clements & Ogle, 2009). Possible explanations for this interesting finding could be that, as suggested in the literature, the acknowledgement of non-consensual sexual experiences as rape allows the victim to 'redefine' the experience and/or to reduce feelings of self-blame (Botta & Pingree, 1997; Gidycz & Koss, 1991), two mechanisms that can lower the mental health impact of the traumatic events (Arata, 1999). The evidence suggests, although not consistently, that victims of sexual violence who do not label their sexual violence experience as rape report more impaired coping (Clements & Ogle, 2009), which is in its turn associated with negative mental health outcomes after a traumatic experience (Braun-Lewensohn, Celestin-Westreich, Celesing, Verleye, Verté & Ponjaert-Kristoffersen, 2009; Paardekoooper, de Jong & Hermanns, 1999). Another hypothesis is that the elevated negative social reactions of the community to adolescents' experiences of rape could induce these girls to cope more actively so as to ensure their well-being, including possibly also to search more for (other) sources of social support (Harned, 2005). Although further study is required to investigate this finding, it is clear that the labeling of the sexual violence as 'rape' or as 'non-consensual sexual experience' has important associations with the exposure of the adolescent girl victim to other stressors (war-related trauma, daily stressors and stigma) and with the mental health consequences of these impacting experiences.

4.4.1 Implications

This study has important clinical implications. First, sexual violence has a large negative impact on adolescents' mental health (Bartels et al., 2010; Johnson et al., 2010; Resick, 1993). While the need for psychosocial support to acknowledged rape victims has been recognized (although often it is not readily available), this study clearly describes the need for mental health support to victims of sexual violence who do not label their experience as rape. Sensitization campaigns to raise awareness of a broadened definition of sexual violence, including other forms of non-consensual sexual experience, and the large negative impact of these experiences, could be a first step towards also reaching out to these adolescents and offering them – where needed and wished – appropriate support services. It is also necessary to address victims' possible feelings of shame and self-blame, working towards ways to redefine – where needed – the events that took place.

Second, the large prevalence of stigmatization and its severe impact on victims' mental health point towards context-oriented interventions. These need to be threefold. First, in psychosocial support offers to adolescent victims, significant context figures (family members, friends, community members) need to be involved (Kelly, VanRooyen, Kabanga, Maclin & Mullin, 2010; Miller & Rasmussen, 2010) so as to reduce stigmatization mechanisms in the adolescent's immediate context and to increase social support sources (Campbell et al., 2009). Second, on a community and society level awareness and sensitization campaigns are needed to address the problem of sexual violence and its consequences. Community perceptions and attitudes towards rape, including stigmatization and blaming attitudes, influence how victims of sexual violence label their experiences, impact their mental health (Betancourt et al., 2010; Campbell et al., 2001; Ullman et al., 2008), and restrain adolescents, in particular those who label their experiences as non-consensual sexual experiences, from disclosing them and seeking help (Duroch et al., 2011; Flisher, 2005). Lastly, these sensitization and awareness campaigns also hopefully help to reduce the prevalence of sexual violence, since its prevalence in particular post-conflict contexts is still astonishing. These sensitization activities could address stereotypes of sexual violence and its consequences with the aim of promoting acknowledgment of rape by individuals and of fostering positive social reactions in order to create a supportive social environment (Campbell et al., 2009; Flisher, 2005; Jejeebhoy & Thapa, 2005). While often interventions on sexual violence and non-consensual sexual experiences target girls in particular, public health programming seems to be needed for both men and women on traditional gender roles and norms, and on perceptions of non-consensual sexual experiences (Jejeebhoy & Bott, 2005).

Overall, an integrative and ecological approach towards psychosocial support for adolescent victims of sexual violence is needed, including not only interventions with the individual victim, but also interventions directed towards the wider social ecology of the adolescents.

4.4.2 Limitations

The interpretation of the study's findings needs to consider the following limitations. First, although we included several questions in an effort to include different types of sexual violence (rape, several forms of non-consensual sexual experiences), the figures about the prevalence of sexual

violence in this study might still be an underestimation of reality, due to fear of accusation or stigma and to the ongoing insecurity in the region (Dolan, 2010; Flisher, 2005). This implies that some adolescents in the 'non-sexual-violence' group could still have been victims of sexual violence. On the other hand, although this was clearly and repeatedly stressed during the research, particular expectations by participants of receiving material compensation for their participation or for particular answers might have influenced participants' responses to increase their reporting of sexual violence experiences.

Second, this study also focuses solely on girls, while also considerable levels of sexual violence towards men and boys in the region have been reported (Johnson et al., 2008). This choice was made in close consultation with the local expert team guiding this study, given that boys' responses might be highly influenced by taboos regarding the sexual violation of boys, rendering this method (self-report measures in a class-room setting) less applicable for boys. Also, for logistical reasons only girls who were in schools were included in the study, reducing its generalizability to out-of-school adolescents.

Third, while the psychological impact of acknowledgement of rape has been studied, there was no previous knowledge of the psychological well-being of the participants. Such knowledge could have added to a longitudinal understanding of whether existing psychological problems influenced the labeling of the sexual violence experiences as non-consensual sexual experience or as rape.

Last, the questionnaires could not cover all mental health problems, nor all participants' experiences of trauma or stigmatization, although all questionnaires were rigorously adapted, both culturally and contextually, for use in this particular context.

4.5 Conclusions

More than one third of eastern Congolese adolescent girls reported experiences of sexual violence. This study shows the large association of sexual violence with other stressors (daily stressors, stigmatization, and stressful war events), and the impact of all of these on the girl victims' mental health. Girls who did not label their sexual violence experience as rape

reported more post-traumatic hyper-arousal symptoms compared to those labeling the sexual violence as rape. These findings point to the important association between labeling a sexual violence experience and mental health, in relation to other stressors, in particular daily stressors, war-related trauma, and stigmatization. Important implications of these findings are the need to implement an integrative and context-oriented approach towards psychosocial support for adolescent victims of sexual violence, thereby hopefully fostering an enhanced supportive social environment. Furthermore, culturally appropriate sensitization activities need to be developed for communities and other stakeholders in order to address stereotypes of sexual violence and its consequences and in an effort to reduce the prevalence of sexual violence and adverse social reactions to it.

Acknowledgements

First and foremost we want to thank the participants to this study. We also kindly thank all the Congolese researchers for logistical assistance in data collection and data entry. We would also like to thank Nancy Say Kana, coordinator CCVS RDC, and the whole CCVS RDC team, Dr. Kirere Mathe, ISTM and CME Nyankunde, without whose logistical support and expertise the study would not have been possible.

This study received financial support from Service Peace Building, Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium. The funding organizations played no role in the design and conduct of the study, the collection, management, analysis, and interpretation of the data, or the presentation, review, or approval of the manuscript. The views expressed in this manuscript are those of the authors and should not be construed as reflecting the official views of the Service Peace Building of the Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium.

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Justine had fallen hopelessly in love. She was only fifteen, and even though her friends all told her not to hang around with boys, she couldn't help it. When her parents moved from one neighborhood to another Justine had been so sad she had to switch schools and leave her friends behind. But soon after she moved she met this boy. He was working in the school office and only a few years older than she was. His name was Jonathan. Justine and Jonathan fell in love and tried to spend every single minute before and after school together. As time passed by week by week, Jonathan wanted to go further and tried to convince Justine to have sex with him. Although she was scared, and inexperienced after some time she agreed. After almost two months however, Justine found out she was pregnant... She panicked because she knew her father, a respectable teacher, would be very angry with her. Justine had no idea how to tell her parents... She told Jonathan and he was silent, couldn't say a word. He ran home and didn't show up at school for the next days. When Justine tried to reach him he never responded... After a few days Justine took the courage to tell her mother about what had happened. She gasped for breath as she also knew her father would not agree.

When they finally told her father he was furious, as expected. 'Was it this boy Jonathan?' he bellowed. When Justine nodded, he shouted again 'He raped you! This boy is over 18 years old and you are only fifteen! Don't you know this is rape?' Justine was flabbergasted. 'Was she raped? Was she now a rape victim as her father said?' Justine told her father that she loved him, and that it was not the case. Can it be raped if she agreed? But her father angrily insisted, if he is an adult and you are a minor, the Congolese law says clearly, this is RAPE. Her father was unstoppable. The next morning he went to the police office to report the rape of his daughter. As he was a very respected man in the community, they never questioned him. He paid the necessary fees and bribes to make sure he was well listened to. As such he assured that things would at least proceed fast and his complain would not just get lost in the treadmill of Congolese judiciary systems. Only a few days later Justine's boyfriend/rapist was arrested. Justine was confused and sad, but everything was happening fast. She hadn't talked to Jonathan in weeks now, as he was avoiding her first and then ended up in prison. When she went to visit Jonathan in prison, without her father knowing, he was angry and not willing to talk to her. Is this the boy she loved as much as she did? Time passed as Jonathan was in prison even until the time she gave birth to their baby boy. Justine is sad that she is a victim of rape, because since she realized she felt ashamed and worthless. But with the support of her family, who luckily accepted her baby boy as one of them, Justine managed to come to terms with what happened. Jonathan got out of prison but still refuses to pay to support the baby. Justine is feeling better every day, especially since she has been helped by a psychologist in a local NGO to help her deal with what has happened.



Chapter Five

The impact of coping and social support on the mental health of adolescent victims of sexual violence in eastern Congo *

* Based on Verelst, A., Bal, S., Broekaert, E., & Derluyn, I. (submitted). The impact of coping and social support on the mental health of adolescent victims of sexual violence in Eastern Congo. *Manuscript submitted for publication.*



Abstract

Decades of armed conflict have left a devastating impact on the eastern Congolese population. The widespread use of sexual violence has made Congo home to many women and girls dealing with diverse sequelae of sexual violence. The impact of sexual violence, which is increasingly committed by civilian perpetrators, on the psychosocial well-being of adolescent victims is devastating. Little is known however on the role of avoidant/disengagement coping and family support in determining the mental health impact of sexual violence. These factors have been identified before as potentially protective to the mental health outcomes of trauma. This study therefore investigates the role of avoidant/disengagement coping and family support on the mental health outcomes of sexual violence in adolescent Congolese victims.

Methods

A cross-sectional, population-based survey design was implemented in 22 secondary schools, randomly selected from a stratified sample, in Bunia, eastern Congo, a region affected by war for a few decades. A total of 1,305 school-going adolescent girls aged 11 to 23 participated. Self-report measures of mental health symptoms, perceived family support, avoidant/disengagement, war-related traumatic events, and experiences of sexual violence (no sexual violence, rape, non-consensual sexual experience), daily stressors and stigmatization were administered. Chi square and ANOVA analysis were carried out to explore differences for in sociodemographic variables, types of sexual violence, family support, avoidant/disengagement coping, stigmatization, daily stressors, war-related traumatic exposure and mental health outcomes (HSCL-37A and IES-R). Hierarchical multiple regression analysis were carried out with mental health outcomes as dependent variables for different types of sexual violence. Finally, several ANCOVA models were defined to explore, besides the main effects and, possible interaction effects of avoidant/disengagement coping and family support with stigmatization, daily stressors and war-related traumatic exposure.

Results

Avoidant/disengagement coping has been shown to have a direct negative effect on all psychological symptoms in girls who didn't report sexual violence. In victims of sexual violence, the interaction effect between avoidance coping and stigmatization on different mental health scales (in particular symptoms of posttraumatic stress and anxiety) showed that when high levels of stigma are reported, avoidant/disengagement coping possibly served as a protective factor. Interestingly, high levels of daily stressors combined with avoidant/disengagement strategies were associated with a strong increase in posttraumatic stress symptoms. Family support did in general not mitigate the mental health outcomes of sexual violence. For girls who reported sexual violence but didn't label it as rape and had a high level of family support, there was a positive association between stressors (daily stressors, stigma and war-related trauma) and posttraumatic stress symptoms.

Conclusions

These findings speak to the importance of avoidant/disengagement coping strategies in adolescent victims of sexual violence and the impact it has on their mental health. Furthermore, it inspires further investigation on the role of family support in determining the mental health outcomes of sexual violence. This study also illustrates the complex relationship between risk and protective factors in determining the mental health outcomes of sexual violence. Finally important implications for addressing sexual violence and its consequences in war-affected contexts are discussed.

Keywords: War, mental health, adolescent girls, coping, family support

5.1 Introduction

A decade long conflict has deeply harmed and devastated the Congolese society; its population afflicted by multiple human rights abuses (Prunier, 2009; Vlassenroot & Raeymaekers, 2004). The use of strategic violence against civilians in this warring context has affected families, kinship and community bonds, thereby pervasively disrupting social ties (Derluyn et al., 2013). One of these ‘weapons of war’ is sexual violence, extensively – up until today – used as a war tactic by many armed groups in eastern Congo (Bartels et al., 2013). Moreover, a ‘normalization’ or ‘civilization’ of rape has also been noticed, with a considerable increase of reported sexual violence by civilian perpetrators (Bartels et al., 2011; Douma & Hillhorst, 2011). However, different forms of sexual violence by civilian perpetrators are often silenced, due to socio-cultural norms and the prevailing discourse framing sexual violence as a weapon of war (Douma & Hillhorst, 2011). This could also influence how victims label an experience of sexual violence: many women who report unwanted sexual experiences that meet the legal definitions of rape, don’t label it as such (Bondurant, 2001; Fisher et al., 2000; Koss, 1985; Littleton, 2006; Pitts & Schwartz, 1993). This labeling of an unwanted sexual experience has important implications for victims’ mental health, although findings about the direction of this impact are inconsistent (Clements & Ogle, 2009; Gidycz & Koss, 1994; Harned, 2005; Kahn et al., 2003; Littleton et al., 2006). Nevertheless, overall, experiences of sexual violence have highly detrimental effects for victims’ mental well-being (e.g., Harned, 2004; Jejeebhoy, Shah, & Thapa, 2005; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Littleton et al., 2006; Verelst et al., 2014), irrelevant of how it is labeled. A recent study with victims of sexual violence in eastern Congo has shown that both girls who label a non-consensual sexual experience as rape as well as those who don’t label their sexual violence experiences as ‘rape’, report very high levels of psychological distress (Verelst et al., 2014).

The large variation in mental health outcomes after sexual violence (Campbell et al., 2009) has led many scholars to investigate factors that might impact mental health. Risk factors of other war-related traumatic events, daily stressors and (widely reported) negative social reactions have been identified as contributing to the impact of sexual violence on victims’ mental health in war settings (see e.g., Campbell et al., 2009; Kelly et al., 2012; Verelst et al., 2014). However, there is a paucity of literature investigating the impact of possible protective factors, such as coping and social support, for adolescent victims of sexual violence in (post-)conflict contexts.

Coping refers to the cognitive and behavioral strategies applied when faced with stressful events (Lazarus & Folkman, 1985). Coping strategies have been described in different ways, but are generally positioned into two dimensions, namely approach/engagement strategies (cognitive or emotional activity towards the stressor or one's emotional or cognitive reaction to it; e.g., problem solving, cognitive restructuring) versus avoidance/ disengagement strategies (cognitive or emotional activity away from the stressor or one's emotional or cognitive reaction to it; e.g., distraction, social withdrawal) (Compas, Commor-Smith, Satlzman, Harding, Thomson, & Wadsworth, 2001). Approach strategies have been associated with fewer psychological symptoms and a smoother recovery after sexual violence (Frazier et al., 2005; Gutner, Rizvi, Monson, & Resick, 2006). In general, while avoidance strategies may be considered adaptive to reduce the stress directly after the traumatic event, in the long term they could lead to further mental health problems (e.g., Frazier & Burnett, 1994; Braun-Lewensohn, Celestin-Westreich, Celesing, Verleye, Verté, & Ponjaert-Kristoffersen, 2009; Frazier, Mortenson, & Steward, 2005; Valentiner, Foa, Riggs, & Gershuny, 1996). This is also applicable in the case of victims of sexual violence (e.g., Bal et al., 2009; Boeschén, Koss, Figueredo, & Coan, 2001; Herman-Stahl, Stemmler, & Petersen, 1995; Valentiner et al., 1996). Research with adolescent victims of sexual violence has illuminated that victims of sexual violence are more likely to use avoidance strategies (Bal et al., 2003), and that this is even more so for victims who label their non-consensual sexual experience as rape in comparison to victims who don't label it as such (Littleton et al., 2006). While studies in non-war affected areas have strongly supported these findings, namely that avoidance coping is associated with more psychological problems, some studies, especially in war-torn areas, have generated evidence that avoidance can lead to fewer psychological problems (Frazier & Burnett, 1994; Jones & Kafetsios, 2002). A recent study of Mels, Derluyn, Broekaert and García-Pérez (2013) assessing the impact of coping on mental health issues in eastern Congolese adolescents found that avoidance/disengagement coping was associated with a reduction in symptoms of posttraumatic stress and anxiety in older adolescents. However, the particular role of avoidant/disengagement coping in the mental health of adolescent victims of sexual violence has not yet been investigated in (post-) war contexts.

Social support – “the availability of components of support from interpersonal relationships” (Fowler & Hill, 2004, p. 1273) – has also been associated with mental health outcomes of sexual violence, generally as a protective factor (Atkeson et al., 1982; Thompson et al., 2000). Additionally, victims who label their experiences of sexual violence as rape have been

shown to look for social support more often (Littleton et al., 2006). However, in (post-)conflict contexts, such as eastern Congo where rape was used as a weapon of war to destroy social ties, the disrupted family and community support structures are often still too weak to provide victims of sexual violence with the support they so greatly need (Kelly et al., 2012). While family support can have a protective effect on victims' mental health after sexual violence, the adverse impact of negative social reactions on victims' mental well-being might be even stronger (Borja et al., 2006; Campbell et al., 2001; Starzynski, Ullman, Filipas, & Townsend, 2005; Fowler & Hill, 2004).

This study, therefore, aims to further understand the role of avoidant coping and family support as well as the impact on the mental health of adolescent victims of sexual violence living in the distinct setting of war-affected eastern Congo. Hereby also taking into consideration their association with the following risk factors: daily stressors, war-related traumatic exposure and stigmatization. From these findings, implications for interventions will be drawn.

5.2 Methods

5.2.1 *Participants and procedure*

The study was conducted in the district of Ituri, Eastern DRC, a region afflicted by armed conflicts for decades (Human Rights Watch, 2003; Prunier, 2009). Twenty-two secondary schools in all ten neighborhoods across the large region of Ituri's main city, Bunia, were selected using stratified sampling in relation to location (rural, suburban and urban regions). None of the selected schools refused to participate. In each school, all of the female pupils from the second and third year of high school were invited and consented to take part in the study ($n = 1,304$). Of the participants, aged 11 to 23, with a mean age of 15.89 ($SD = 1.54$), 14.0% ($n = 183$) of the sample confirmed being raped, while 24.2% ($n = 315$) of the sample mentioned having experienced a non-consensual sexual experience (NCSE) which they didn't label as rape (table 1). Some socio-demographic differences were found between the three groups (table 1).

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS AND STRESSFUL EXPERIENCES OF THE PARTICIPANTS

	Total group (n=1,304)	No sexual violence (n=806)	Rape (n=183)	Non-consensual sex (n=315)	F/ χ^2
Age [†]	15.89 (1.54)	15.73 (1.49)	16.34 (1.51)	16.04 (1.63)	13.90
Socio-economic status					21.08
Brick house	600 (46.4%)	404 (50.5%)	86 (47.5%)	110 (35.3%)	
Non-brick house	693 (53.6%)	396 (49.5%)	95 (52.5%)	202 (64.7%)	
Parental availability					20.20
Both parents alive	781 (78.3%)	486 (80.7%)	103 (67.8%)	192 (79.0%)	
One or both parents deceased	216 (21.7%)	116 (19.3%)	49 (32.2%)	51 (21.0%)	
War-related traumatic exposure (ACEES) [†]	2.83 (2.43)	2.19 (1.90)	4.71 (3.05)	3.16 (2.45)	86.62*
Daily Stressors (ACEDSS) [†]	5.34 (3.31)	4.57 (2.98)	7.78 (2.98)	6.08 (3.11)	201.12**
Stigmatization (ACEDSS) [†]	3.95 (3.45)	2.82 (2.50)	7.53 (4.28)	4.90 (3.37)	200.33*

N(%); [†]Mean (SD); *p<.01, **p<.001; Rape: participant who reported experiences of rape; Non-consensual sex: participants who reported non-consensual sexual experiences, but did not label these as 'rape'; ACEES: Adolescent Complex Emergency Exposure Scale; ACEDSS: Adolescent Complex Emergency Daily Stressors Scale.

The questionnaires were administered during a 60-90 minute class period, while the boys of the respective classes were engaged in other activities organized by the teacher. A description of the study was provided to the participants followed by obtaining written informed consent. During the completion of the self-report questionnaires, the researcher or at least two research assistants were present. Questionnaires were administered in French, since this is the official language in secondary schools, and a pilot study showed that the students preferred French questionnaires over the translated Kiswahili versions. Questionnaires were self-administered while thoroughly guided and structured by the research assistants. To promote inter-researcher reliability 90 hours of extensive theoretical and practical training was provided to all research assistants. The researcher provided her contact details to participants, as well as information on local psychological support projects for those in need of further professional care. The researcher had a large network of professional psychosocial professional services that were used to refer participants of this particular study to. Ethical approval for the study was given by the Ethical Committee of the Faculty of Psychology and Educational Sciences, Ghent University.

5.2.2 *Measures*

Six self-report questionnaires, all culturally adapted and some constructed for use in eastern Congo (Mels, Derluyn, Broekaert, & Rosseel, 2009; Mels, Derluyn, Broekaert, & Rosseel., 2010) were administered. First, a socio-demographic questionnaire investigated variables such as age, housing situation (as an indicator of participants' socio-economic status), and parental availability.

Second, the Adolescent Complex Emergency Exposure Scale (ACEES) was used, as it was developed to measure exposure to potentially traumatic war-related events in eastern Congolese adolescents (Mels et al., 2009). The ACEES measured exposure to 14 context-specific potentially traumatic war-related events (yes/no), such as having witnessed people being killed, being separated from family and having witnessed rape. In addition to this questionnaire, specific questions regarding experiences of sexual violence were added. Besides the question 'Have you experienced rape?', the questionnaire was comprised of four questions referring to other forms of sexual violence or coercive sexual experiences: being forced to have sex with a boyfriend, being forced to have sex with someone you know, being forced to have sex in exchange for goods, and being forced to marry. These four

forms of coercive sexual experience are all mentioned as being “sexual violence” in 2006 Congolese legislation (DRC government, 2006).

Third, the Adolescent Complex Emergency Daily Stressors Scale (ACEDSS) (Mels et al., 2009) inquired about a range of different daily and social stressors (stigmatization) and whether or not they occurred during the past month (yes/no). This included 14 daily stressors (e.g., lack of food or medical care), and 14 stigmatization items (perceived discrimination and social exclusion in the familial and community context) (e.g., being treated as if you were different, being isolated by the nuclear family, being treated badly by family members). These stigmatization items were initially derived from the Everyday Discrimination Scale (Williams et al., 1997), and adapted to this particular cultural context following the procedure of Mels and colleagues (2010).

Fourth, perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet & Farley, 1988), a brief self-report measure of subjective assessment of social support. This measure was adapted to the cultural context through the cultural adaptation procedure of Mels and colleagues (2010). The scale comprises of 12 items that are scored on a 5-point Likert scale, ranging from 1 (not at all) to 5 (a lot), and accompanied by a visual probe. The MSPSS measures the perceived adequacy of support of family, friends and significant others through three subscales, offering the mean scores of items belonging to the subscale. In the interest of answering the research questions, we only retained the family subscale in further analyses. Cronbach alpha of the MSPSS was measured and proved adequate for all three subscales: friends (.70), family (.77) and significant other (.76).

Fifth, coping strategies were measured using the Kidcope (Spirito, Stark, & Williams, 1988), which was previously culturally validated for use with eastern Congolese adolescents by Mels et al. (2010). This brief instrument uses 11 items to inquire about the use of 11 different coping strategies (e.g., distraction, social withdrawal, wishful thinking, problem solving, emotional regulation and social support), by asking respondents to indicate on a 4-point Likert scale (from 1 (not at all) to 4 (almost all the time)), how frequently they have applied them during the past month. Subscale and total scores were calculated, as was the 2-factor structure proposed by Cheng and Chan (2003) of escape-oriented coping (sum of subscales: distraction, social withdrawal, self-criticism, blaming others, wishful thinking, resignation, emotional outburst) and control-oriented coping (subscales: problem solving, cognitive restructuring, social support, relaxation). This categorization has been previously used in the eastern Congolese context when studying coping in

war-affected adolescents (Mels et al., 2010) and matches the engagement/disengagement (Compas et al., 2001) and positive/negative (Spirito, Francis, Overholser, & Frank, 1996) dimension of coping used in coping studies. Cronbach's alpha for the avoidant/disengagement subscale was (.74), yet weaker for the control-oriented/engagement scale (.65). Therefore, we focused on the avoidance/disengagement scale in further analyses.

Sixth, symptoms of posttraumatic stress were measured with the culturally adapted Congolese (French) version (Mels et al., 2010) of the Impact of Event Scale-Revised (IES-R) (Bean et al., 2007), a diagnostic self-administered questionnaire comprised of 22 questions to be answered on a Likert scale (from 0 (never) to 5 (extremely)), accompanied by a visual probe. Items can be grouped into three subscales (symptoms of intrusion, avoidance and hyper-arousal). Cronbach's alphas in this study were between .77 and .83.

Lastly, the culturally adapted Congolese (French) version (Mels et al., 2010) of the Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A) (Bean et al., 2007) measured symptoms of anxiety (12 items), depression (13 items) and externalising problems (12 items). All items had to be answered on a 4-point Likert scale (from 1 (not/never) to 4 (always)), accompanied by a visual probe. Cronbach's alphas in this study were between .60 and .85. The externalizing scale with a low Cronbach alpha of .60 was omitted from further analyses.

5.2.3 Statistical Analysis

Chi square and ANOVA analysis were carried out to explore differences in sociodemographic variables and types of sexual violence for categorical and continuous variables respectively. Differences between mental health outcomes (HSCL-37A and IES-R) for different types of sexual violence were investigated through ANOVA analysis. Odds ratios were considered to measure differences between groups of type of sexual violence. Pearson correlations between covariates were calculated for each group based on the type of sexual violence experienced.

Hierarchical multiple regression analysis was conducted respectively, as dependent variables, with: HSCL-37A subscales of depression and anxiety; the IES-R subscales intrusion, hyperarousal and avoidance; and the total IES-R posttraumatic stress score. The number of daily stressors (ACEDSS) and war-related traumatic events (ACEES) were entered at stage one of the regression analysis in order to control for these potential risk factors.

Stigmatization (number of social stressors; ACEDSS) was entered at stage two, avoidant/disengagement coping (Kidcope) at stage three and family support (MSPSS) at stage four. Prior to model fitting, variables were standardized. To avoid complexity, models were fitted to three subsets of the data based on the experiences of sexual violence (no sexual violence experienced, sexual violence labeled as 'rape', sexual violence labeled as 'non-consensual' sexual experiences), resulting in three times six hierarchical regression models.

Finally, several ANCOVA models were defined to explore the main effects and possible interaction effects of avoidant/disengagement coping and family support with daily stressors, war-related traumatic exposure and stigmatization on the different mental health outcomes. Again, covariates were standardized prior to the analyses. To control type-I errors, alpha was set at .01.

5.3 Results

Socio-demographic variables and stressful experiences

Of the participants, 38.2% ($n = 499$) confirmed having been victims of sexual violence, while the other 61.8% ($n = 806$) reported that they were never victims of any form of sexual violence. Socio-demographic characteristics of the three groups of participants (i.e., those who did not experience sexual violence, those who did label the sexual violence as 'rape', and those who reported experiences of sexual violence but did not label it as 'rape') and the stressful events they experienced (i.e., war-related traumatic events, daily stressors and social stressors/stigmatization) are reported in table 1.

Coping strategies, family support and mental health

Levels of mental health issues (symptoms of anxiety, depression and posttraumatic stress) (HSCL-37A and IES-R), avoidant/disengagement coping (Kidcope) and family support (MSPSS) for the three groups are reported in table 2.

Pearson's correlations suggested that family support was weakly related to avoidant/disengagement coping in victims of rape. Avoidant/disengagement coping was also moderately linked to war-related traumatic exposure, daily stressors and stigmatization in both girls who didn't report any sexual violence and girls who reported rape (table 3).

Table 2: Mental health, family support and coping

	Total group (n=1,304)	NSV (n=806)	Rape (n=183)	NCS (n=315)	F
IES-R					
Intrusion	1.82 (.69)	1.71 (.63)	1.83 (.69)	2.09 (.79)	35.94**
Avoidance	1.92 (.72)	1.80 (.70)	2.06 (.68)	2.14 (.76)	29.09**
Hyperarousal	1.87 (.74)	1.71 (.68)	2.08 (.67)	2.15 (.83)	51.19**
Total PTSD score	1.87 (.65)	1.74 (.61)	1.98 (.57)	2.12 (.71)	17.55**
HSCL-37A					
Depression	1.68 (.35)	1.61 (.33)	1.76 (.36)	1.77 (.37)	29.20**
Anxiety	1.76 (.37)	1.71 (.37)	1.79 (.37)	1.85 (.38)	17.18**
Family support (MSPSS)	3.02 (1.01)	3.10 (1.05)	2.85 (.81)	2.96 (1.00)	5.29*
Avoidant/adjustment coping (Kildcope)	1.80 (.52)	1.70 (.48)	2.03 (.54)	1.95 (.53)	50.22**

Mean (SD); *p<.01, **p<.001; NSV: participants who reported no sexual violence; Rape: participants who reported experiences of rape; NCS: participants who reported non-consensual sexual experiences , but did not label these as 'rape'; IES-R: Impact of Events Scale-Revised; PTSD: posttraumatic stress disorder; HSCL-37A: Hopkins Symptom Checklist-37 for Adolescents; MSPSS: Multidimensional Scale of Perceived Social Support.

TABLE 3: PEARSON CORRELATIONS BETWEEN SEVERAL INDEPENDENT AND DEPENDENT VARIABLES

		Daily Stressors	War-related	Stigmatization	Family support
War-related traumatic exposure (ACEES) [†]	Total group	.358*			
	NSV	.310*			
	Rape	.186			
	NCSE	.235*			
Stigmatization (ACEDSS) [†]	Total group	.520*	.317*		
	NSV	.394*	.223*		
	Rape	.554*	.044		
	NCSE	.410*	.245*		
Family support (MSPSS) [†]	Total group	-.064	-.007	-.071*	
	NSV	-.009	.029	-.058	
	Rape	-.059	-.084	-.162	
	NCSE	-.076	.089	.110	
Avoidant/disengagement coping (Kidcope) [†]	Total group	.249*	.249*	.258*	.125*
	NSV	.209*	.210*	.170*	.177*
	Rape	.304*	.264*	.394*	.098
	NCSE	.033	.062	-.007	.131

*p<.01, **p<.001; NSV: participants who reported no sexual violence; Rape: participants who reported experiences of rape; Non-consensual sex: participants who reported non-consensual sexual experiences, but did not label these as 'rape'; ACEES: the Adolescent Complex Emergency Exposure Scale; ACEDSS: Adolescent Complex Emergency Daily Stressors Scale; MSPSS: Multidimensional Scale of Perceived Social Support.

TABLE 4: MULTIPLE HIERARCHICAL REGRESSION ANALYSES

	IES-R										HSCL-37A							
	Intrusion			Avoidance			Hyperarousal			PTSD Total			Depression			Anxiety		
	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS
STEP 1																		
War trauma	.35**	.23**	.44**	.29**	.18**	.25**	.34**	.25**	.34**	.36**	.24**	.38**	.23**	.19*	.22**	.21**	.20**	.23**
Daily stressors	.26**	.00	.32**	.26**	.06	.30**	.29**	.20**	.35**	.30**	.08	.35**	.29**	.06	.31**	.27**	.04	.33**
R ²	.22**	.09*	.27**	.15**	.08*	.17**	.23**	.21**	.23**	.23**	.14**	.27**	.18**	.07*	.15**	.12**	.07*	.19**
STEP 2																		
War trauma	.34**	.22**	.40**	.27**	.18*	.24**	.33**	.26**	.30**	.34**	.24**	.35**	.20**	.20**	.19**	.18**	.20**	.22**
Daily stressors	.23**	.06	.21**	.21**	.06	.27**	.26**	.13	.27**	.26**	.09	.27**	.21**	-.05	.24**	.19**	-.00	.30**
Stigma	.10	-.09	.28**	.17**	-.01	.08	.10	.10	.23**	.14*	-.02	.22**	.30**	.17	.19*	.26**	.06	.08
Delta R ²	.01	.01	.05**	.01**	.00	.00	.01	.01	.03**	.01*	.00	.03**	.05**	.03	.03*	.03**	.00	.00
STEP 3																		
War trauma	.30**	.22**	.39**	.23**	.15*	.22**	.28**	.19**	.29**	.30**	.21**	.33**	.17**	.16*	.18*	.16**	.16*	.21**
Daily stressors	.20**	.06	.20*	.18**	.07	.26**	.22**	.10	.26**	.22**	.08	.26**	.19**	-.06	.23**	.18**	-.02	.30**
Stigma	.07	-.10	.29**	.14*	-.04	.09	.07	.00	.23**	.11*	-.06	.23**	.29**	.10	.19*	.25**	-.01	.08
Avoidant coping	.22**	.01	.17*	.24**	.23*	.33**	.27**	.35**	.18**	.27**	.16	.26**	.16**	.23*	.17*	.13**	.23*	.15*
Delta R ²	.05**	.00	.02*	.05**	.04*	.11**	.07**	.12**	.03**	.07**	.03	.06**	.02**	.04*	.03*	.01**	.05*	.02*
STEP 4																		
War trauma	.30**	.24**	.37**	.23**	.16*	.22**	.28**	.20**	.29**	.30**	.22**	.33**	.17**	.15	.18**	.16**	.15	.21**
Daily stressors	.20**	.05	.24**	.18**	.07	.27**	.22**	.10	.26**	.22**	.07	.28**	.18**	-.06	.23**	.18**	-.02	.29**
Stigma	.07	-.06	.26**	.15*	-.03	.09	.07	.02	.23**	.11*	-.04	.21**	.28**	.07	.20*	.25**	-.02	.09
Avoidant coping	.23**	-.03	.15*	.23**	.21	.33**	.27**	.33**	.18**	.27**	.13	.25**	.17**	.26*	.17*	.13**	.24*	.15*
Family support	-.03	.23	.19**	.02	.08	.04	.00	.09	-.00	.00	.16*	.09	-.06*	-.14	-.01	-.01	-.08	-.03
Delta R ²	.00	.03	.03**	.00	.01	.00	.00	.01	.00	.00	.02*	.01	.01*	.01	.00	.00	.00	.00

*p<.01, **p<.001; NSV: participants who reported no sexual violence; Rape: participant who reported experiences of rape; Non-consensual sex: participants who reported non-consensual sexual experiences, but did not label these as 'rape'.

The impact of coping and family support on mental health

Multiple regression analyses (table 4) demonstrated a large negative impact of stigmatization on girls' mental health, specifically for those girls reporting non-consensual sexual experiences and those girls who didn't report any experiences of sexual violence. No main effect of stigma was found in rape victims.

The change in R^2 from model 2 to 3 showed that avoidant/disengagement coping explained a substantial amount of variance to the previous models, in particular for girls who hadn't experienced sexual violence and girls who reported non-consensual sexual experiences. For girls who reported rape, avoidant/disengagement coping only led to more symptoms of hyperarousal (IES-R), depression and anxiety (HSCL-37A).

Further exploration of the impact of avoidant/disengagement coping with ANCOVA-analyses showed that there were interaction effects between avoidant/disengagement coping and stigmatization in victims of sexual violence (both girls who report as girls who report NCSE) for symptoms of posttraumatic stress and anxiety (table 5). In lower levels of avoidant coping, the relation between stigmatization and psychological symptoms is slightly positive; when reported avoidant coping is high, the relationship between stigmatization and psychological symptoms is strongly negative (Figure 1).

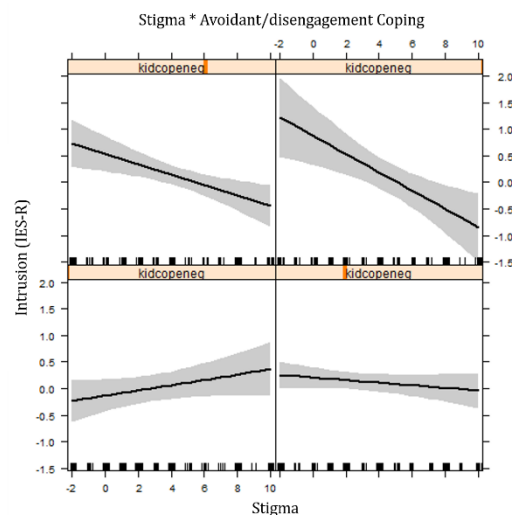


Figure 1 Effect plot showing interaction between avoidant/disengagement coping and stigma on intrusive symptoms for rape victims

As shown in the effect plot, the lower plots were associated with a higher number of avoidant/disengagement coping while the higher two plots suggest a higher level of avoidant/disengagement coping. The interaction effects found between avoidant/disengagement coping and daily stressors in victims of sexual violence were: when low avoidance coping was reported no association was found between daily stressors and posttraumatic stress symptoms (IES-R); while in high levels of avoidant coping a positive association was reported between daily stressors and symptoms. In contrast, interaction effects of avoidant/disengagement coping with war-related traumatic exposure for victims of rape on symptoms of intrusion (IES-R), depression and anxiety (HSCL-37A) were: when low levels of avoidant coping were noticed, there was a strong positive relation between war-related trauma and symptoms; while a reverse relationship was observed in high levels of avoidance coping.

TABLE 5: ANCOVA ANALYSES EXPLORING THE IMPACT OF AVOIDANT/DISENGAGEMENT COPING ON MENTAL HEALTH

	IES-R									HSL-37A								
	Intrusion			Avoidance			Hyper-arousal			PTSD total			Depression			Anxiety		
	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS
Intercept	.01	-.08	.15*	.18	.06	.09	-.03	-.08	.16*	.00	-.02	.14*	.03	-.06	.08	.05	-.10	.09
Stigma	.03	-.02	.08**	.04**	-.01	.02	.03	-.00	.06**	.04*	-.02	.06**	.08**	.03	.07**	.07**	.00	.03
War-related trauma	.12	.10**	.16**	.10**	.06	.10**	.12**	.08**	.12**	.12**	.09**	.14**	.07**	.08*	.06*	.07**	.08*	.10**
Daily stressors	.07	.04	.05	.06**	.02	.07**	.07**	.03	.07**	.07**	.03	.07**	.05**	-.01	.06*	.05**	.01	.08**
Avoidant coping	.55	.68*	.42**	.53**	.19	.62**	.60**	.46	.48**	.62**	.52	.56**	.33**	.80*	.17	.24*	.95**	.17
Stigma *	.04	-.14*	-.09*	.01	.01	.00	.02	-.03	-.10*	.03	-.09	-.06	-.01	-.00	.01	-.05	-.10	.04
avoidant coping																		
War-related *																		
trauma avoidant coping	.48	-.13*	-.09	.09	-.04	-.04	.05	-.02	-.07	.07	-.09	-.07	.08	-.15*	.10	.06	-.13*	-.01
Daily * stressors																		
avoidant coping	.40	.10	.16**	.01	.13	.07	.02	.11	.13**	.03	.12	.13**	-.02	-.01	.07	.03	.07	.06
Overall explained variance (r ²)	.28	.14	.38	.22	.15	.27	.31	.35	.31	.31	.18	.38	.23	.14	.23	.16	.13	.22

*p<.01, **p<.001; NSV: participants who reported no sexual violence; Rape: participants who reported experiences of rape; NCS: participants who reported non-consensual sexual experiences, but did not label these as 'rape'; IES-R: Impact of Events Scale-Revised; PTSD: posttraumatic stress disorder; HSL-37A: Hopkins Symptom Checklist-37 for Adolescents.

TABLE 6: ANCOVA ANALYSES EXPLORING THE IMPACT OF FAMILY SUPPORT

	IES-R												HSCL-37A					
	Intrusion				Avoidance				Hyper-arousal				PTSD total					
	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS	NSV	RAPE	NCS
Intercept	0.01	-0.10	0.20**	0.01	3.85 ^{e-02}	.18	-.04	-.11	.17*	-0	-.06	.20**	.02	-.07	.13	.05	-.13	1.15 ^{e-01}
Stigma	0.03	-0.01	0.07**	0.05**	2.46 ^{e-05}	.01	.03*	.04	.06*	-.04**	.00	.05*	.09	.05	.05*	.07**	.02	2.06 ^{e-02}
War-related trauma	0.14**	0.09**	0.15**	0.11**	7.44 ^{e-02}	.09**	.14**	.10**	.12**	.14**	.10**	.13**	.09	.07*	.08**	.07**	.07**	9.08 ^{e-02**}
Daily stressors	0.07**	0.03	0.07**	0.07**	2.34 ^{e-02}	.08**	.79**	.04	.08**	.08**	.03	.09**	.06	-.00	.07**	.06**	.01	8.99 ^{e-02**}
Family support	0.03	0.18	0.18**	0.08	1.71 ^{e-01}	.07	.74	.14	-.00	.07	.18	.10	-.03	-.04	.02	.02	.02	7.37 ^{e-05}
Stigma *	0.01	-0.00	0.02	0.01	-1.59 ^{e-02}	.01	.01	.01	.05*	.01	-.00	.02	.00	.02	-.02	.01	.01	-7.05 ^{e-03}
War-related trauma *	0.01	-0.03	0.08**	0.01	-2.15 ^{e-02}	.07*	.01	-.02	.11**	.01	.02	.09**	-.01	-.05	-.001	-.00	-.04	4.82 ^{e-02}
family support																		
Daily *																		
stressors family	0.00	0.07*	0.016	0	3.07 ^{e-02}	.44	.01	.04	-.01	.00	.05	.01	-.00	.02	.01	-.11	.02	-8.30 ^{e-03}
support																		
Overall																		
explained variance (r ²)	.22	.17	.39	.17	.11	.21	.24	.28	.34	.25	.17	.35	.20	.10	.17	.14	.06	.18

*p<.01, **p<.001; NSV: participants who reported no sexual violence; Rape: participants who reported experiences of rape; NCS: participants who reported non-consensual sexual experiences, but did not label these as 'rape'; IES-R: Impact of Events Scale-Revised; PTSD: posttraumatic stress disorder; HSCL-37A: Hopkins Symptom Checklist-37 for Adolescents.

Overall, there seemed to be a limited impact of family support on participants' mental health, as also indicated by the variability accounted for between the third and the fourth models (table 6). Higher levels of family support were significantly associated with symptoms of intrusions in girls who reported experiences of sexual violence.

Further analyses indicated that for girls who reported non-consensual sexual experiences there was a strong interaction effect between family support and stigmatization on hyperarousal symptoms (IES-R): for victims who reported low levels of family support, stigmatization wasn't significantly associated with higher hyperarousal symptoms; while for girls with estimated high levels of family support, an increase in stigmatization was strongly associated with an increase in hyperarousal symptoms (figure 2).

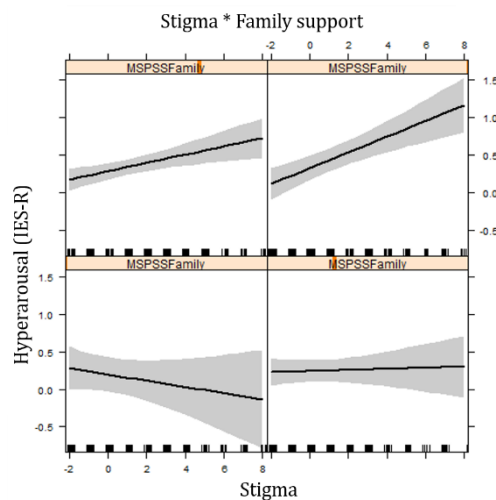


Figure 2 Effect plot showing interaction between family support and stigma on hyperarousal symptoms for girls reporting NCSE

For girls who reported rape, an interaction effect was found in intrusion symptoms (IES-R) between family support and daily stressors: there was no association between family support and intrusion symptoms when little daily stressors are mentioned; however, when reporting higher levels of daily stressors, an increase in family support was associated with higher levels of intrusion.

In the group of girls who reported non-consensual sexual experiences, analyses showed interaction effects between family support and war-related traumatic exposure on all post-traumatic stress symptoms: when low levels of war-related trauma was reported, there was no association between family support and posttraumatic stress; while in high levels of war-related

traumatic exposure, an increase of family support was strongly associated with post-traumatic stress.

5.4 Discussion

Over one-third of adolescent girls in this study reported having experienced sexual violence. While sexual violence clearly impacts adolescent girls' mental health, a considerable variation in trauma symptoms can still be observed. This study has investigated the potentially protective role of avoidant/disengagement coping and family support in eastern Congolese girls who reported experiences of sexual violence (either 'rape' or 'non-consensual sexual experiences'), compared to girls who didn't report any sexual violence. While this study underscores the role of both avoidant/disengagement coping and family support in girls' mental well-being after sexual violence, it also revealed important interactions with other factors, like stigmatization.

First, *avoidant/disengagement coping* has been shown to have a direct negative effect on all psychological symptoms in girls who didn't report sexual violence, which underscores the well-documented negative effect of avoidant/disengagement coping on psychological distress (e.g., Frazier & Burnett, 1994; Braun-Lewensohn et al. 2009; Frazier, Mortenson, & Steward, 2005; Valentiner et al., 1996).

However, a more nuanced picture about the influence of avoidant coping was found in girls who reported experiences of sexual violence. The interaction effect between avoidance coping and stigmatization on different mental health scales (in particular symptoms of posttraumatic stress and anxiety) showed that, when the girls experienced little stigma, avoidant/disengagement coping seemed to impact mental health negatively. While, when high levels of stigma are reported, avoidant/disengagement coping possibly served as a protective factor, as it is associated with a lower level of psychological symptoms. One possible explanation here is that stigmatization accounts for a continuous re-traumatization (Campbell et al., 1999; Campbell & Raja, 1999, 2005), creating a situation in which avoidant/disengagement coping is seemingly an adaptive way to deal with these overwhelming emotional responses (Jones & Kafetsios, 2002; Joseph, Williams, & Yule, 1997; Roth & Cohen, 1986). A recent qualitative study (Verelst et al., submitted) corroborates these findings, describing how adolescent girls identified the

advice to cope with sexual violence and its social consequences in an avoidant way as the most helpful strategy to overcome their psychological difficulties.

In contrast with the impact of a high number of experiences of stigmatization we found that in girls living in situations with high levels of daily challenges, avoidant coping strategies were associated with a strong increase in post-traumatic stress symptoms. So, in the case the victim finds herself in a situation of overwhelming material and situational daily stressors, it adds an additional burden and thoroughly affects their mental health. At the same time, it might not necessarily re-traumatize the victim or make them relive the trauma creating a situation of prolonged and recurrent traumatization in which avoidant coping might be adaptive and lead to less post-traumatic stress symptoms, as is the case in stigmatization. Furthermore, we hypothesize that avoidant coping might not be very helpful when confronted with high levels of daily stressors, as they pervasively influence their primary needs.

Second, the study showed how girl victims of sexual violence experienced less *family support* than peers who hadn't experienced sexual violence. In contrast with other studies, we found no main protective role of family support for the mental well-being of girls who experienced sexual violence. One hypothesis here could be that the social support questionnaire (MSPSS) did not fully capture all of the socio-cultural meanings of social support (Kim et al., 2008). Moreover, the MSPSS mainly included emotional support, while recent qualitative studies revealed that adolescent victims of sexual violence in eastern Congo defined social support from family members through a combination of instrumental and emotional supports (Kelly et al., 2012; Verelst et al., submitted). It is possible that the situational demands, reflected through the numerous daily and social stressors, require a social support that is more instrumental than emotional. A second hypothesis is linked to other findings that demonstrated how avoidant/disengagement coping might be an adequate response when dealing with both sexual violence and high levels of stigma or traumatic exposure, a coping strategy that might not be compatible with emotional family support. In addition, sharing pain and difficulties might make the victims feel the pain of their adversity more intensely, and, consequently, be associated with more mental health problems (Fontana, Rosenheck, & Horvath, 1997).

We also found interaction effects that revealed a more complex role of family support with symptoms of posttraumatic stress, in particular for girls who reported non-consensual sexual experiences: when a high level of family support was reported, there was a positive association between stressors (daily stressors, stigma and war-related trauma) and posttraumatic stress

symptoms, while this was not the case when low levels of family support were indicated. Interestingly, these interaction effects were not found in girls reporting rape.

One possible explanation for both the main as interaction effects of family support could be that these girls reported higher levels of stigma, not only from the larger community but also from family members. It might be the case that confounded stigmatization or rejection by family members might render family support less helpful for these victims of sexual violence. Punamaki (2001) found that inconsistent social support from parents was related to higher levels of post-traumatic stress disorder, compared to children who perceived overall loving support from both parents. Moreover, sexual violence not only impacts the victim, but also her close social environment (Kelly et al., 2012). In a context where there is still a large stigma attached to sexual violence, disclosure of sexual violence could greatly affect family members' well-being and social position, impeding them from providing social support to the victim (Ahrens & Campbell, 2000). Hobfoll (1986; 1998) also proposed the notion of the "pressure cooker effect", referring to the way, especially in times of armed conflict, social support might backfire. Here, Hobfoll points to the way in which social relationships are put under pressure in times of war, as conversations are inundated by recurring rumors, impending doom and needed comfort referring to war, while close intimate social support providers are also struggling with the same problems and, therefore, unable to provide adequate support. Furthermore, providing social support may confront family and community members with their own sense of guilt and shame for failing to prevent what happened to their own daughter or neighbour (Fontana, Rosenheck, & Horvath, 1997).

5.4.1 Limitations

It is also important to consider limitations to this study. First, the socio-cultural context in which coping and social support occur may influence the strategies utilized, the extent to which they are (mal)adaptive, and their specific cultural understanding. The questionnaires used, although culturally validated, may not have captured all socio-cultural meanings and interpretations of these protective factors.

Second, the post-conflict contextual realities directed us towards a cross-sectional study design. A longitudinal study would have provided information on participants' previous psychological well-being and on the long-term

influence of adherence to particular coping strategies or reliance on family support.

Third, even though several types of sexual violence (rape, several forms of non-consensual sexual experiences) were assessed, the figures about the prevalence of sexual violence in this study could still be an underestimation, due to fear of accusation or stigma and the ongoing insecurity in the region (Dolan, 2010; Duroch, 2011; Flisher, 2005). On the other hand, although it was clearly and repeatedly stressed during the research that this was not the case, particular expectations of participants to receive material compensation for their participation or for particular answers might have influenced their responses to increase their reporting of experiences of sexual violence.

Last, this study focused exclusively on girls, despite considerable levels of sexual violence towards men and boys reported in the region (Johnson et al., 2008). This choice was made in close consideration with the local expert team guiding this study, given that boys' responses could be highly influenced by taboos regarding sexual violation of boys, rendering this method (self-report measures in a classroom setting) less applicable for boys. Also, due to logistical reasons, only girls who were attending school were included in the study, reducing the study generalizability to out-of-school adolescents.

5.4.1 Implications

An ecological approach to mental health outcomes of sexual violence in adolescent victims in eastern Congo is lacking in most studies. Therefore, based on the findings of this study, we seek to formulate important implications for further research and intervention.

First, our study shows that the effect of avoidance/disengagement coping on the mental health outcomes of victims of sexual violence is not linear, nor fixed. This study found that negative coping in this post-conflict setting resulted in more negative mental health outcomes, corroborating with the thesis that long-term adherence to avoidant coping increases negative mental health outcomes (e.g., Frazier & Burnett, 1994; Braun-Lewensohn et al., 2009; Valentiner et al., 1996). In victims of sexual violence, however, the combination of having experienced sexual violence and enduring high levels of stigmatization or traumatic exposure created a reverse effect where avoidant/disengagement coping lead to less post-traumatic stress. Further longitudinal research is needed to unravel the dynamics and changing influence of coping and family support in victims of sexual violence.

Second, the flexible adaptation of coping strategies by adolescent girl victims of sexual violence speaks to the adoption of flexible approaches in providing psychological care. As situational demands and factors, such as daily stressors and stigmatization, are strongly associated with the use of coping strategies, psychological support needs to consider these extra burdens on victims' mental health.

Third, while these results suggest that family support does not serve as a protective factor for mental health in most adolescent girls, we plead not to discard family support in the ecological investigation of risk and protective factors on mental health outcomes of sexual violence. We thus plea for more interventions addressing the psychosocial well-being of family and community members in order to support them to create an adapted supportive environment for their victimised family and community members. Above all, we urge for further investigation of the nature of 'adaptive' or 'helpful' family support in the complex process of recovery from sexual violence, hereby taking into account the specific socio-cultural and contextual ideas.

Fourth, we suggest a holistic approach to healing when taking into account family support and coping strategies. Our research shows that victims of sexual violence face an array of difficulties, from daily stressors to stigmatization. These findings, combined with the need for extensive attention to the sociocultural meaning of social support, direct us to propose a systems approach that takes into account the individual definition of helpful psychosocial support. Instrumental support might in some cases be more adapted to an individual victim's needs, and form more a priority than strengthening emotional family support. Therefore we think interventions should be holistic in nature and combine instrumental and other forms of social support dependent on the individual's needs.

5.5 Conclusion

More than one-third of eastern Congolese adolescent girls reported experiences of sexual violence. This study speaks to the importance of coping in the relationship between sexual violence and psychosocial well-being. Avoidant/disengagement coping has a negative impact on psychological symptoms in girls who didn't report sexual violence. In girls reporting rape or non-consensual sexual experiences however, avoidant/disengagement is strongly related to the interaction with other stressors. As such, a

combination of experiencing sexual violence and high levels of stigmatization renders avoidant/disengagement as an adaptive strategy. This study speaks to the diversity of pathways in which coping strategies can be adopted. Furthermore, this study shows how family support does not serve as a protective factor in the relationship between sexual violence and mental health outcomes. On the contrary, particularly in girls who report non-consensual experiences, higher levels of family support are associated with higher levels of post-traumatic stress symptoms if a high level of daily stressors, stigma or traumatic exposure is also reported. Most importantly, the results of this study inspire recommendations for research and interventions that takes into account the influence of culturally valid forms of coping and family support of adolescent girls in the rehabilitation after sexual violence.

Acknowledgements

We kindly thank all the Congolese supervisors and researchers for their logistical assistance in data collection and data entry. We would also like to thank Nancy Say Kana, coordinator CCVS RDC, and the whole CCVS RDC team, Dr. Kirere Mathe, ISTM and CME Nyankunde, without whose logistical support the study would not have been possible.

This study received financial support from Service Peace Building, Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium. Ministry of Foreign Affairs, Foreign Trade and Development Cooperation, Belgium.

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'I don't even know who I am' Pascaline said. Not knowing where she belongs is Pascaline's biggest worry. She says this problem even started when she was still in the womb of her mother. When her mother was pregnant with her, Pascaline's father accused her from cheating. Even though they had three other children together her father left her mother, before Pascaline was born. For years Pascaline was living with her mother and her maternal uncle. She called them mum and dad, but only realized when she was seven that it was her uncle, not her father. After that, every time when she asked her who her real father was, her mother kept silent. Although Pascaline insisted, her mother refused to tell. When her friends at school asked her 'Who are you? Where do you belong? What is your tribe? Pascaline didn't have any answer to give them. Because she didn't belong to any tribe, as she didn't knew her father and the tribe he belonged to. Pascaline's story continued and the village she was living in was taken by the war. Pascaline and her whole family had to flee as her village turned into a place of killings where one tribe tried to wipe out everybody of the other tribe. It was in the dark night that they started running through fields and forests, seeing the most horrific things. They fed themselves with fruits from the trees and herbs in the forest. Hungry and suffering they reached the south of the province, after having walked hundreds of kilometers. Pascaline and her family kept refuge with friends of my mothers. Only days later military came to attack this place as well. They attacked the house and took away Pascaline and other young girls in the house and brought them to a military camp. The militias asked them in Swahili, 'which tribe are you from?' But Pascaline was speechless as she didn't have any answer to give them. Because Pascaline thought the militias were of the Ngiti tribe, Pascaline whispered 'I am Ngiti'. "Well then tell me some words in Ngiti" the militia answered. But Pascaline kept her lips sealed as she didn't have an answer. The militias were furious and started beating her, dragged her across the cap and started raping her, one by one. After that they left her unconscious, only to wake up hours later in a pile of her own blood. Pascaline doesn't even know how long she stayed there but after some time her uncle saved her – by paying the militias. An NGO took her to the hospital where she had to stay for over two months to recover from her internal wounds. The recovery at home took many months more. During these months Pascaline's mother got into a car accident just outside of town. Since her mother died Pascaline now considers herself an orphan. Pascaline sometimes thinks that if her father would have been around, or if she at least know who she/he was her life would have been completely different... Maybe all these bad things would have never happened to her? Now Pascaline looks like a happy student, making jokes and studying hard. But her eyes tell another story... She struggles to pay school fees and medical bills because she doesn't have anybody to support her. With the event (of rape) she has experienced she doesn't know what her future will be, will she ever be able to have a family of her own? The war has passed and years have gone by but Pascaline is still around, struggling to know who she is and who she will be.



Chapter Six

**Subjectivity and the embodied
experience of sexual violence in
eastern Congolese adolescents:
Looking for peace of heart**



Abstract

Analyses of the psychological sequelae of war-related violence for women and girls tend to rely on quantitative studies of symptoms. Studies have identified psychological symptoms of depression, anxiety, and PTSD as outcomes of wartime sexual violence. Only recently have risk and protective factors influencing the psychological consequences of sexual violence been studied. This paper argues that a richer understanding of psychosocial well-being after wartime sexual violence and of the complex rehabilitation processes of victims is needed. By opening up a space for the voices of adolescent girls who have experienced sexual violence, we seek to increase our understanding of how they make sense of their experiences and the impact they have on their psychosocial well-being. Through a multilayered analysis of the data, we undertake a reinvestigation of sexual violence and its consequences for these girls with a theory of embodiment. Through the lens of embodiment, the multitude of experiences is revealed through which girls make sense of their experiences and their aftermath. Sexual violence calls for a renegotiation of their embodied self which combines the individual bodily experience with a psychological and sociocultural attribution of meaning. The way girls make sense of sexual violence and their interlinked psychosocial well-being provides important insights for clinical interventions.

6.1 Introduction

The population of the war-ridden region of eastern Congo has suffered from decades of war (Coughlan et al., 2009). While violent human rights abuses of all sorts have been reported (Johnson et al., 2010), sexual violence used as a brutal weapon of war has received the most attention (Auteserre, 2012; Erikson-Baaz and Stern, 2013). The use of sexual violence in eastern Congo has reached epidemic proportions, with overall estimates of between 1.69 and 1.80 million eastern Congolese women aged 15 to 49 years reporting histories of being raped (Peterman, Palermo, & Bredenkamp, 2011). Despite formal peace agreements, sexual violence is still highly prevalent (Maedl, 2011), with increasing reports of rape by civilian perpetrators (Bartels, VanRooyen, Leaning, Scott, & Kelly, 2010; Duroch, McRae, & Grais, 2011), in particular against minors (Malemo Kalisya et al., 2011).

The psychological consequences of sexual violence have been described extensively (e.g., Acierno et al., 2002; Perilloux, Duntley, & Buss, 2012; Rothbaum, Foa, Ullman, & Brecklin, 2003), including amongst victims in eastern Congo (e.g., Bartels et al., 2010; Johnson et al., 2010; Verelst, De Schryver, Broekaert, & Derluyn, 2014). Recent studies have highlighted not only the impact of the experience of sexual violence, but also the widespread impact of other traumatic war-related experiences on victims' mental well-being (Campbell et al., 2009; Verelst et al., submitted). Additionally, daily stressors have been shown as negatively impacting victims' mental health (Verelst et al., submitted), and also whether victims label their experiences of sexual violence as rape or as 'non-consensual sexual experience' (but not as rape) (Verelst et al., submitted). There is, as well, growing evidence that victims of sexual violence are confronted with social practices of negative stereotyping (e.g., dirty, contaminated, useless, of less value, worthless) and discrimination (Dolan, 2010; Kelly, Kabanga, Cragin, Alcayna-Stevens, Haider, & VanRooyen, 2012), negative social reactions which largely determine mental health outcomes after sexual violence (e.g., Valentiner, Foa, Riggs, & Gershuny, 1996; Verelst et al., 2014). These findings impel us to enlarge our view of the *psychosocial well-being* of victims, given that mental health problems after sexual violence need to be seen within a broader social context, with social processes – alongside other processes – as possible determinants of victims' well-being (Rössler & Haker, 2003).

Most studies have focused on the impact of risk factors on the mental health of victims of sexual violence in this war-setting (e.g., Verelst et al., 2014), and only a paucity of literature has studied the possible impact of protective

factors in war-affected contexts, such as the way victims cope with sexual violence experiences and their consequences, and the impact of the support the victim receives.

Lastly, few studies have explored these themes by starting from the lived experiences of adolescent victims of sexual violence in war-affected regions. The still few quantitative studies that have investigated the impact of sexual violence on adolescents' psychosocial well-being in conflict and post-conflict contexts have mainly used questionnaires with pre-structured items, which unavoidably unveil only part of their stories.

This study therefore aims to explore the lived experiences of adolescent girls in eastern Congo who are confronted with sexual violence, experiences as embedded in their social worlds. We start with an ecological approach, building on the work of Uri Bronfenbrenner (1979), who described how the development of human potential is embedded in social ecologies around the individual. A contextualized perspective, inspired by this social-ecological theory, sheds light on the complex interplay of resources and stressors on different levels (individual, micro-, meso-, and macrolevels) which may influence adolescent girls' psychosocial well-being in war contexts (Boothby, 2008; Campbell et al., 2009).

6.2 Methodology

6.2.1 Context and setting

The study was conducted in Ituri district, eastern DRC, a region afflicted for decades by armed conflict (Human Rights Watch, 2003; Médecins Sans Frontières, 2005). The armed conflict in Ituri, involving different governmental and non-governmental actors and closely tied to national and regional conflicts and ethnic discourses, has been marked by numerous human rights abuses, including the killing of more than 60,000 civilians and the displacement of about 500,000 (Human Rights Watch, 2003; Fahey, 2011; Vlassenroot & Raeymaeckers, 2004). The ethnic conflict can be traced back to differences between two ethnic groups, namely the Lendu and Hema tribes, which has evolved into a conflict that has earned Ituri the title of "*the bloodiest corner in Congo*" (Human Rights Watch, 2003, p.6). The horrific nature of the war in Ituri, involving large-scale massacres, widespread sexual violence, and the frequent forced conscription of children into armed groups, has led to a peacekeeping intervention by the United Nations and the indictment of four leaders of armed groups by the International Criminal Court in the Hague

(Fahey, 2013). The conflict officially ended after the UN intervention in 2007, but has since flared up, and left the population in a situation of insecurity and land conflict that lingers on and carries the risk of inciting new violence (Fahey, 2011).

The study was embedded in the Centre for Children in Vulnerable Situations (CCVS), an international, interuniversity research organization that aims to promote the psychosocial well-being of children and youngsters. As part of CCVS International, CCVS-DR Congo (located in Bunia, Ituri district, DRC) provides system-oriented psychosocial and therapeutic support to war-affected youth in the Ituri region. Research activities are also carried out, of which this study is one part. Besides the fact that this embeddedness provided a strong ethical basis for providing our study participants with sufficient psychological support, if needed, the strong intertwining of research and support activities was also mutually enriching. The study design was approved by the Ethical Committee of the Faculty of Psychology and Educational Sciences of Ghent University.

6.2.2 Sample

In order to select girls who have been victims of sexual violence, yet respecting their privacy to avoid stigmatization, four professional support organizations (CCVS-DR Congo included) were contacted to identify the girls in a deontologically sound way. Staff members of these organizations explained the research to potential participants (inclusion criteria: 14- to 19-year-old girls who had experienced sexual violence), and asked them whether they were willing to participate. Twenty-seven girls agreed and their contact details were given to the researchers. Given this recruitment strategy, only girls receiving professional support were included in the sample, limiting the generalizability of our findings, since we did not include the views of those victims who are not reached by these organizations.

6.2.3 Procedure

One in-depth interview was conducted with each of the girls and lasted between one and three hours. To assure the privacy of the participants, they could choose the location of the interview; for this purpose, the premises of CCVS-DR Congo were also offered. Girls were contacted before the interview to be given full information regarding the study. Before the interview, an explanation was provided on the study's aims, design, and conditions

(anonymity and confidentiality, ability to redraw at any time without consequence, access to additional psychological support). Participants who were interested were kept informed of the analysis of the results and conclusions resulting from the study. All participants provided oral informed consent.

The themes that guided the interview were, amongst others, how the girls describe themselves and their social networks; their experience of sexual violence and its consequences in their lives; things that help them or that make life more difficult; and how they experience their lives. The in-depth nature of the interviews facilitated participants in voicing their perspectives on each topic they found important to share. A translator was present during all interviews. Audio files were transcribed and subjected to iterative back-translation for the Kiswahili passages. After each meeting, field notes comprising observations and reflections were made by the researcher, together with the translator.

6.2.4 *Multi-layered qualitative analysis*

The data were subjected to a multilayered qualitative analysis that sought to provide answers to the research questions while opening the perspective to theories on sexual violence. The analysis consisted of three consecutive steps. First, we adopted a thematic analytical approach (Braun and Clark, 2006) to identify, analyze, and report patterns and themes within the interview data. Thematic analysis as a technique of qualitative analysis was inspired by contextualist approaches acknowledging the ways individuals make meaning out of their experiences, and the ways the broader social context impinges on those meanings (Braun and Clarke, 2006). Assisted by NVivo9 (Edhlund, 2011; QSR International, 2011), all the distinctive steps of thematic analysis were followed (familiarizing; generating initial codes; searching for themes; reviewing themes; defining and naming themes), leading finally to eleven themes (cf. infra).

In a second step, we used the technique of 'plugging in' (Jackson and Mazzei, 2012) to open up the thematic analysis and add to the understanding of data and theory, on the basis that data and theory are mutually constitutive. Through a process of constant 'moving' between data sets and theory, new connections are formed beyond the categorical themes and codes offered by traditional analysis. Plugging thus offers an extension of 'regular systemic data analysis' into qualitative 'thinking with theory,' with the aim of describing more closely the multilayered "*complex realities of social life*" (Jackson and Mazzei, 2012, p.vii). The process of plugging in creates a space

to assemble, think with, make and unmake, while rejecting the separation between data and theory (Jackson and Mazzei, 2012; Mazzei and Jackson, 2012). The 'thinking with theory' thereby allows new questions to be raised and new insights to be offered into the data and on the application of theory.

Third, both the thematic analysis and the process of 'plugging in' were repeatedly subjected to 'member checks.' Guba and Lincoln (1989, p. 239) regard member checks as "*the single most critical technique for establishing credibility*". Through member checks, we checked back with the participants on how data, analytic outcomes, and theoretical interpretations are seen. The interviewees were invited to two sessions, each of 6-10 participants, led by the author and in the presence of the translator. During these sessions, the participating girls were eager to respond to the steps taken, to provide more details, to give corrections, and to enrich the understanding. However, we took account of this technique's drawbacks and limitations (Angen, 2000; Morse, 1994; Sandelowski, 1993), and throughout the process, we were mindful that all interpretations were co-created and that we were not looking for an objective truth.

6.3 Thematic analysis

The thematic analysis of the interviews elicited 11 themes, which can be grouped into three larger topics: the difficulties the interviewees faced in their daily lives, the transformation, and renegotiation of their identities, and the different ways they dealt with the difficulties they faced in their lives. The themes will now be discussed in detail.

6.3.1 *The lives we are living...*

MATESSO (suffering) – *Daily suffering for survival*

Almost all girls stressed the importance of their daily struggles, in particular the practical difficulties they faced on a daily basis due to the extreme poverty in which many lived: no food, no money to buy clothes, not enough means to get medical care for themselves or their children:

There are simply no good things in my life, I suffer a lot. What is the hardest is to pay my own school fees, have something to eat, buy clothes, I just have three pieces of clothing, four with my uniform included. I have to sit in a pagne [cloth] while I wash and dry my clothes because I simply don't have anything else to wear.

I get up very early every morning to go and fetch water. That is how I manage to take care of myself ... It's like this that I at least earn a little bit to look after my primary needs in the daily life I live. Then I can sometimes buy a notebook, a pen, ... I manage to survive. In the bible there is a passage that says that he who does not work, doesn't reap and that gives me strength and courage to continue to look for money and not to end up roaming the streets.

Member checks showed that according to the participants, the theme of “matesso” – the daily struggle for survival in a context of poverty – is an important part of their problems:

It is the 'node' of the problems of society we are part of. The suffering we face because of poverty generates so many problems on different levels and strongly affects our well-being. This is an important analysis of our daily lives.

VITA (war) – Living in war

Being a victim of sexual violence does not imply that this is the only traumatic event they have been exposed to. Since all the girls interviewed have lived in the war-torn regions of eastern Congo, the majority described having lived through several war-related experiences, such as forced displacement, separation from family, seeing loved ones being killed, witnessing violence and rape, losing personal belongings. Even though the experience of sexual violence is often linked to particular feelings and consequences, it is therefore intricately intertwined with other war-related traumatic experiences:

The militias burnt our house and we barely escaped and survived. Watching the fire burn my house ... the fire also burnt my heart ... After having our house burnt, we were very worried. Our grandparents didn't have a house either, all our belongings were looted, our cattle also burnt. My father was killed. We had nowhere left to go. The events [sexual violence] didn't really change my life, it is the death of my father that has changed my life, because he was the one who had to pay my school fees, but now he is dead because of the war, and I can't study like the others.

They often linked the difficulties they faced to the war situation, referring to the loss of family members, experience of violence, or constant insecurity as causes of the suffering they experienced:

Our house was looted, burnt to the ground with all that I had. I was left with nothing but one little skirt. Our lives had become impossible and that pushed me to want to go back to the militias [that had kidnapped me].

UBAGUZI (discrimination) – *I'm not treated like the others*

In addition to the struggles they experienced on a practical and material level, many girls noted their experiences with stigmatization: they reported how they were treated differently from others, insulted, discriminated against, or even rejected and chased away from home. These negative social reactions came not only from peers and the community, but also, in most cases, from within the family:

When they found out that I was pregnant, they chased me from home. They sent me back to the boy [military that had raped me]. (...) After they found out, my family members didn't even want to feel me being around ...

These experiences of stigmatization were closely linked to their psychosocial well-being: experiences of stigmatization and discrimination went hand in hand with feelings of shame and symptoms of depression or post-traumatic stress.

Another element raised during the member checks was the fact that these experiences of stigmatization also incited feelings of hatred towards whoever stigmatized them, a feeling they experienced as being very hard to cope with:

I have so much shame in me. When I walk by people and they pronounce words on this violence [rape], I feel so much shame, it touches me directly, and I start thinking about how I lived through that situation. My heart is immediately touched.

For the moment nothing goes right in my life. Even during the holiday period, they buy clothes for all the other children in my family, and for me they don't buy anything. They also buy the others notebooks, pens and a school uniform. Dad encourages them to go to school, but for me nothing is done. I sold wooden sticks from our compound and that helped me to 'find' 2000 Congolese Francs, and that is what I used to subscribe to school.

Some girls recounted how stigmatization decreased, mainly because of support from family or community members. Negative social reactions from family members incited the community to treat them in the same way, while similarly, family support rendered stigmatization by community members "powerless":

It's only my family members who know my story [that I was raped] who were teasing me, saying "you are a worthless girl because you were raped". That really gave me sadness in my heart. But now that has started to decrease a little bit. It's the support that my aunties gave me that helped me. But it's their children that mock me. So one day we got into a fight on the road. Our parents called us and then I explained to them. So the family

members have prohibited those children from teasing me. And since that time the teasing has stopped.

Young women in this study also cited their fear of stigmatization as an important reason not to disclose their experiences of sexual violence. One out of four said they did not tell anyone about it, or only one person:

After having been raped by the side of the river, by three militias, I and the other girls have agreed to never tell what happened to anybody else. And I didn't. I have never told anybody. Because I was ashamed and I was scared. It is really hard to carry this by myself.

Girls testified how they attempted to deal with stigmatization in very different ways. While some tried to ignore it, others fought it or ran away:

There are so many people that tease and mock me, but I just shut up. I pretend that I don't hear what they are saying or I just quickly run to the water source, there I play with the children and my worries go immediately.

SAFIA (health) – Worrying about my health

Being a victim of sexual violence often entailed physical consequences and many girls were constantly concerned about their health. Some reported extreme physical sequelae resulting from being raped, often in brutal and horrific ways, in some cases requiring extensive medical treatment. Most interviewees reported that they were still suffering from physical injuries, especially fistulas or grave internal injuries. They also talked about their worries and concerns about not knowing how the rape had affected their physical health:

Maybe he [rapist] was sick also, and I risk being sick as well and dying just like that.

I'm scared that I've lost so much because of this event [rape] since I am fifteen and I haven't seen my period up till now.

AFIA YA AKILI (mental health) – Health of the mind

Almost all girls mentioned the psychological burden they carried due to the sexual violence. The specific impact of the sexual violence on their psychosocial well-being was described as “*salama ya roho*”, the lack of peace in their heart. The range of emotions and cognitions they thereby described were similar to some Western concepts of psychological distress, such as post-traumatic stress symptoms of intrusion (e.g., flashbacks, upsetting memories), hyper-arousal (e.g., sleeping and concentration problems) and

avoidance (e.g., loss of interest, avoiding places), and symptoms of depression and anxiety:

Because it was something that I didn't want, I was forced, that's why I find it so hard to bear. It eats me up ... It really gives me worries in my heart, sadness and especially when I am alone, these images come to me at all times of what happened to me, what I went through. Why did they take me among so many people to rape me? How did this happen to me? That is what gives me so many worries. The worst is when I think back about the event [rape], when I hear about other girls that are taken by militias in my village until today. (...) I immediately think back to the fact that they took me ...

Besides the impact of the traumatic experiences, daily struggles were also considered to impact the psychological difficulties they faced:

It's when I don't have enough money to survive, or my auntie doesn't have enough money to buy food for her children and for me, it is then that the peace in my heart starts to wither. That is when I think about what has happened.

Clearly, the psychological consequences were neither stable nor linear, but part of complex recovery processes, largely influenced by a range of contextual factors, whereby every girl had her own distinct trajectory after sexual violence.

6.3.2 What I was, what I am and what I will become...

MWATHIRIKA (victim) – Being a victim of rape... and so much more

The ways the experiences of sexual violence had changed them as a person was mentioned by many girls, as it made them differing from other girls:

I've lost so many things in my life because of what happened [rape], I lost my studies, and my brothers don't love me anymore and when I walk across the street, it's as if people only talk about me.

Many girls described their struggles with the fact they lost their virginity, especially at a very young age and in an eastern Congolese context, where sexual virtue is considered important because it influences girls' marriage value and social status:

I think this event [rape] changed my life because before I hadn't known 'men' yet, it was my first sexual experience. I think that I really lost

something, because now I am no longer virgin, and that really hurts me because like this I have lost a great deal in my life.

I often think about that ... Will I ever really still find a husband? And then I stay alone just thinking about that.

While interviewees in general described themselves as victims of sexual violence, this was for them but part of the story. When talking about themselves, they might be 'victims,' but also many things more: they described themselves as persons with a distinct character and ideas, and talked about themselves as belonging to social groups, such as family, friends or a choir:

I am just a girl, I am very sweet and I don't just hang around with my friends without any reason. I don't like to get into fights. Oh and I also like to play, soccer for instance, even the games that children play, I still like to play them.

WATOTO (children) – Carrying the extra burden

Half of the interviewed girls got pregnant after being raped. These girls talked at length about having children out of rape, which greatly complicated their lives and often negatively impacted their psychosocial well-being. All reported that the burden ("*la charge*") of having a child was hard to bear. Especially the earlier identified risk factors of social and daily struggles were much exacerbated in young mothers: they struggled to care for their children in the poor living circumstances they already faced, but also the negative social reactions contributed largely to their difficulties. Those negative reactions were often fueled by already poor living circumstances in the girls' families, which left many family members often unwilling to take on the 'burden' of yet another child in the family. These harsh negative reactions seem thus to have been informed by complex economic and social logics:

The biggest consequence of the rape is that this soldier left me with this pregnancy [after being kidnapped, sexually enslaved and raped], and now there is absolutely nobody that wants to help me. They tell me that I should take care of my children by myself, because I also left 'to look for these children' by myself.

Other harsh social reactions towards the young mother and/or her child were based on the father's identity. Since identity in this sociocultural context is strongly intertwined with tribal heritage and origin, a person without a clear lineage is socially "*undesirable*". As such, the girls said that the children they had given birth to were harshly stigmatized, called names, and constantly

reminded that they were from ‘*des adresses inconnus*’ (‘unknown addresses’), referring to the fact that their father and lineage were unknown:

As I don’t know my father, I don’t know where I come from. I don’t know even which tribe I am from. Am I Lendu, am I Hema? And if I don’t know that, who am I?

The fact of having children also influenced their opportunities in life, differentiating them even more from those amongst their peers who were not yet parents:

Even when I returned home [after having been kidnapped and sexually enslaved], my worries hadn’t passed, because I already had a child. And then I had to stay home from school for two more years to take care of my child at home. And then I was comparing myself to all the others of my age. I went back to school because my father insisted, but I was discouraged because I lost so much time compared to the others.

Many girls expressed concerns and worries about the difficult match between their – often unwanted – new role as mothers and the fact that they still saw themselves as children.

TUMAINI NA NDOTO – *Hopes and dreams*

Interwoven with their stories about struggles and difficulties, hopes and dreams also emerged, some very concrete, others more vague:

In my life, I would love that my life is well. Even knowing that I am really suffering now. I know that one day I will forget about all of that, and I will be fine, just like you.

In my dreams, I plan that I have my own home, where I can bring my little brother and sisters, so we can live together.

Member checks revealed the importance of listening to the hopes and dreams of these girls in order to adequately help them.

6.3.3 What helps me stand up

MASOMO – *Education to build a future like the others*

One of the themes mentioned by all interviewees as very important in their lives was school and education. Education was linked to future aspirations, opportunity, and ‘being like other girls’:

What I love about my life is that I can study, because like this, I hope to find a job, since I have already suffered so much in my life.

The adolescents especially mentioned the ways in which the sexual violence or other war-related experiences had interrupted or destroyed their educational opportunities:

I always have these worries about my life, because I knew then [when I was enslaved sexually] that there was no future with these military men. And since I already have a baby, my life is completely ruined. Since otherwise I could have studies and finished my studies and become an important person. And look at me now, what I am now.

Education was thus discussed with reference to the opportunities gained or lost: education was linked to hope in the future, and, at the same time, to a lost future when it was taken away:

The soldier [FARDC] violently raped me and locked me in his house for three months without letting me out. It was only him that brought me something to eat sometimes. What tormented me most during that time is that I had to leave my studies behind, and that my family was looking for me. I was always thinking how to find a way to run away to have an abortion, so that I could go back to school, that I wouldn't have a child.

MAONYO (advice) – Advice and support from others

Besides education, especially “maonyo” was mentioned as being supportive of the participants’ psychosocial well-being: supportive responses after the sexual violence, and the ways they were supported by people in their social environment. The word “maonyo” is often literally translated as “advice”, but refers more to “conseil”, emotional support:

I see these images, and I start worrying so much about different things, I start crying and I could even go one week without eating. But when people come to give me support/advice, I feel good. When people give me support/advice, I can start over. Before I was worrying much more, but now less, it is less and less when people give me support/advice. They tell me not to think about it, because this thing [rape] came abruptly and you just need to control yourself ... and that helps me ... I always think about this advice I have gotten, that helps me control it, that gives me peace of heart ...

Sometimes, these “conseils” were described in the more localised understanding as directive and instructive, advising them to “forget what has happened”, “to control themselves,” or “to not listen to the teasing remarks of others.” But also less directive “conseils” were described as encouraging, for

example when stating that the girls needed to know “*that it came abruptly without them asking for it*” and “*that things will get better*”:

I have worries in my heart, sadness and especially when I am alone. When I am with my mother, she gives me advice saying that “it was something that you didn’t want but that happened, but you don’t have to have too many worries, because you risk worsening your own health”. When I am with my friends, they tell me not to have too many worries because they went through the same things, but life continues. That comforts me ...a bit...

A sizeable number of girls explained that talking about the experience of sexual violence negatively influenced their psychosocial well-being. When thinking back about the best advice they were ever given, more than half referred to advice that prompted them to “*forget what has happened*,” “*not to talk about it*,” and “*start afresh*.” Talking about the event is referred to by many girls as something that is very difficult and as eliciting sadness and intrusive thoughts. On the other hand, some interviewees testified that talking about “*the event*” of sexual violence helped them to feel better:

There is so much good advice that people have given me. Some tell me not to listen to what people say to mock me. They say, I have to be strong and hang on, because, one day, my life will also be good, because God exists and he will bless me one day. The people of my neighborhood support me with advice, and this advice/support comforts me, it consoles me and gives me a bit of happiness, it brings me peace in my heart.

UTULIVU (stability) - *Finding my peace of heart*

Besides receiving advice, other supporting elements were also mentioned. First, almost all girls raised their faith when talking about consoling experiences: believing in God was mentioned as helpful and consoling, and prayers and religion as “*providing them with peace of heart*” and “*relief from their worries*.” Furthermore, going to church and praying enabled them to encounter people and feel like they belonged:

When the worries come to me, I often go to pray [in church], and if I don’t go there for a long time, at that moment I have a lot of worries.

Other sources of consolation came from finding distraction and hope:

When I am at school, and I think about what has happened to me, when I am alone, I quickly go to where people are talking or playing, and then we talk together and I don’t worry anymore. But when I am alone, it always becomes difficult.

SHIRIKA LA KIUTO – *Taken on by an organization*

The support that girls received from non-governmental organizations (NGOs) played an important role. Since we selected our interviewees through NGOs, all received some type of support. The nature of the support, however, differed widely, as did interviewees' appreciation of the support. Girls who had been sexually enslaved by militias during the war reported having received material, medical, financial, and educational support, while girls who were victims of sexual violence reported more medical and psychosocial support.

Overall, the support by NGOs was identified as very supportive of their psychosocial well-being and their opportunities in life:

The people [of the NGO] took me to hospital for medical care and they educated me in couture and then they gave me the [tailoring] machine I am using today. The good thing in my life is that I have my machine, which helps me find money and enables me to buy soap, beauty milk and food. As my dad is not alive, I can take care of myself thanks to the work I am doing.

Some girls stressed the importance of the NGO interventions in dealing with their social network, in particular the mediation with family members.

However, some interviewees considered that the help of supporting organizations did not support them in a sustainable way. Through member checks, the importance of sustainable aid was again stressed:

They really helped us [at the NGO] with the money they gave me to buy fish, a few kilos. I started selling and doing some business. And at that time I was at least feeling a little bit better. But when the money had finished, I fell down again, feeling worse.

When asking the girls about the support NGOs should provide to girls who had experienced sexual violence, all interviewees had clear ideas: most girls suggested that NGO support should include medical care and educational activities. Some stressed the importance of counseling and psychosocial support, mentioning the need to work with counselors or peers who went through similar experiences:

I think that all girls who have experienced rape and are taken to a center should be first taken for medical care. So they can do all the necessary exams to detect if the girls are now carrying diseases of some sort. Then I would teach them how to sew, and I know that if a girl is smart, she will learn fast. Then I think they should get advice, they should be told to leave the life of 'vagabondage' or 'hanging around', because we are girls that

have lived already a lot of difficult things. And if a girl is really smart, she should be taken back to school.

6.4 Plugging in

While the thematic analysis described above already adds to the grid of intelligibility on the way adolescent girls make sense of their experiences of sexual violence and its consequences, the study set out to provide a multi-layered treatment of our data. The concept of plugging in offers an approach to qualitative data while looking and reinvestigating it through a theoretical lens (Jackson and Mazzei, 2012). While *“thinking with theory”* (Jackson and Mazzei, 2011, p.vii), we apply a new analytic reading to shed new light on our data, raise new analytic questions and finally contribute to the development and refinement of theory. Bringing in a theoretical perspective to think with our data at this stage of the multi-layered analysis allowed for an in-depth and open data collection phase that is enriched and challenged by a dynamic theoretical analysis rather than being directed by it. In considering different theories in relation to our data set, to the context, to the ecological framework guiding it and to the theme of the research, we came to the theory of ‘embodiment.’ This theory, starting from contemporary feminist thinkers such as Cahill, Irigaray, Grosz, Braidotti and Butler, served us with an interesting framework to rethink rape and shed new light on our data.

Hereafter, we first shortly describe the theory of embodiment, since this framework will be used to ‘think with’ and reinvestigate our data, as is described by Mazzei and Jackson (2012) when referring to the methodological concept of ‘plugging in’.

Secondly, the theory of embodiment will be used as a framework for reinvestigating rape as a *“complex, sexually marked element of human experience”* (Cahill, 2001, p. 8), offering insights in its ramifications, while starting at the level of women’s experiences. Throughout this section, we will use the perspective of embodiment to shed light on our data and thematic analysis. Theory in this sense is used to provide a lens through which to look at these stories, while not expecting the stories to ‘fit’ all the theoretical concepts involved. Rather, the latter are used to ‘explore’ and challenge the data and our understanding of how these girls make sense of their lives. Through a reinvestigation of the stories of the girls with the theory of embodiment, we seek to come to a deeper understanding of the dynamics inherent in the embodied sense of the psychosocial well-being of victims of sexual violence.

Finally, general conclusions of the multi-level analysis of our data will be translated into implications for interventions that aim to promote psychosocial well-being of victims of sexual violence.

6.4.1 *A theory of embodiment*

Traditional discourses on rape offer important insights into sexual violence, yet often rely on philosophical dichotomies, such as nature/culture, self/society, and violence/sex (Cahill, 2001). These theories therefore risk denying female agency, the power and possibility of resistance, and the fact that women are not only subordinated to power structures and cultures, but are also an intrinsic part of them. Cahill (2001) argues that culture is but an element in women's experiences that is given meaning in various ways by different women, while of course commonalities exist.

Feminist theories have recently turned their attention to the body, thereby acknowledging that the dichotomous philosophical categories reveal themselves in the (female) body adhering to each other, not as opposites, but as different mutually defining reversibilities. The theory of **embodiment** has gained importance in feminist literature, psychology and the cognitive sciences, and serves as a key concept in rethinking rape (Csordas, 1990; Gibbs, 2006).

The theory of embodiment proposes that we interpret the world around us through our bodies, as they are an intrinsic "*part of being in the world*" (Csordas, 1990, p. 9). Through our body, we make our world meaningful and shape it. Embodiment as such brings about an understanding of the body as not merely a physical but also a psychological object. Overton argues that "*as a relational concept, embodiment includes not merely the physical structures of the body, but the body as a form of lived experience, actively engaged with the world of sociocultural and physical objects*" (2006, p. 48). The embodied subject combines the previously separated biological, sociocultural, and psychological approaches into an embodied center of agency and action, giving meaning to the way we behave, experience and live the world (Taylor, 1995).

As every 'body' is embodied, yet in intrinsically different ways, recognition of this varied embodiment allows an understanding that avoids universalism and at the same time eludes the pitfall of cultural relativism (Cahill, 2001). Embodiment theory thus brings in the concept of inter-subjectivity, acknowledging that the embodied self is "*affected, even constructed, in relation to others and the actions of others*" (Cahill, 2001, p.9).

6.4.2 *Rethinking rape with the theory of embodiment*

Through the lens of embodiment, we *rethink* the experience of sexual violence for girls in eastern Congo, investigating the stories recounted and nuances provided, to create a new sense of understanding of how these girls make sense of their experiences of sexual violence and their lives. First, we shed light on the meaning of sexual violence for the body. This meaning is said to shift between 'individual' and 'social' in a situation of war. We explain how the theory of embodiment brings a new understanding of the transformation and the impending renegotiation of the embodied self by the young girls after sexual violence. Next, we describe the intersubjective process of negotiating the self in the cultural and social context, while acknowledging that the process is dynamic and recurrent. Last, the theory of embodiment brings a new understanding of the stories on the marked bodies that make sense of their world, an understanding that enables the stories to be seen as varied and multifaceted. While thinking with theory, this analysis seeks to formulate new interpretations of the impact of sexual violence on the psychosocial well-being of adolescent girls.

6.4.3 *The violation of individual and social bodies during wartime*

The theory of embodiment sheds light on the inextricably linked private and public experience of wartime rape. Contemporary warfare aims to violate the bodily integrity of civilians (Hollander & Gill, 2014). Rape as such is described as targeting the individual in peacetime, while during armed conflict rape is described as targeting 'women in general' (Brownmiller, 1975; Nordstrom, 1994). Olujic (1998) describes how war transforms individual bodies in times of peace into social bodies that are inherently subject to wartime violence and symbolism. The individual and social bodies are further manipulated by institutions and policy makers, entrenching them with political meaning to justify action and intervention (Olujic, 1998). As armed violence declines at the end of war, the body is retransformed into the individual body, once more rendering it subject to the peacetime social order (Olujic, 1998). Using it as a lens to look at wartime rape, the theory of embodiment offers a perspective on the way the - embodied - self is affected, as the smallest entity of social and political space, through violence that targets not only the embodied corporeal self, but the larger social body of community and social cohesion (Berghs, 2011). Although the scope of social implications of 'being a victim of sexual violence' is not necessarily nor solely related to the public character of the

rape experience itself, the latter is repeatedly mentioned by girls who were raped by national military forces or militia members. As many stories of sexual violence are set in the chaos of war, during flight, heavy fighting or in disorganized displacement camps, the girls describe the public nature of their experiences. Often girls were taken away, or raped in front of their family members, raped together with other girls or by a large group of soldiers. This public character indeed is crucial to socializations of the body, as the motivation of armed groups is often informed by a 'logic' of public humiliation and destruction of social fabric (Meger, 2010).

The wartime logic of the genocidal conflict in Ituri also led to the 'use' of sexual violence in the violation of the social body, exerted through sexual violence against an individual embodied self. As in other inter-ethnic conflicts, rape was used as a form of 'ethnic cleansing' aimed at hurting and extinguishing the opposing parties in a tribal war (e.g., Allen, 1996; Human Rights Watch, 2000). Nonetheless, the deliberate use of rape as a weapon of war and a tool for 'ethnic cleansing' has been often reported in eastern Congo. Even up till now, it is far from the whole story, as many other forms of sexual violence (e.g., intimate partner violence, civilian rape) are increasingly reported in this warring context (e.g., Bartels et al., 2010, 2013; Douma & Hillhorst, 2011). This diversity has also been illustrated in our data.

The public experience of rape furthermore extends more widely in the numerous intertwined ramifications of sexual violence. The changed embodied self, from a non-raped girl into a raped girl, with all its embedded cultural implications, is often made public through the undeniable physical consequences of rape, like severe fistulas or unwanted pregnancy. This transformation of the self from a 'normal' bodied self into a 'raped' bodied self was therefore a salient theme in the interviews. The data showed how girls and their family members tried to conceal their 'changed' physical and cultural bodies. A girl would, for example, falsely portray to the social environment that she was on holiday in the village, while she was being operated for internal wounds caused by rape, or that the young girl she was carrying around was not her daughter, but her older married sister's daughter. All this takes place to avoid being 'seen' as a rape victim.

6.4.4 *Living with a violated body*

The stories that girls recounted also shed light on the influence of sexual violence on their body and their bodily experiences. Many girls, especially those who were sexually enslaved or victims of gang rape, struggled with the

way their body had been 'possibly invaded' with diseases. They described a continuous struggle and concern with how the rape had affected their physical body. The possibility of being infected not only had physical and psychological implications, but could also be entwined with social consequences, since sexually transmitted diseases often lead to stigmatization or rejection (Kelly et al., 2012).

A similar experience is described when girls referred to the loss they had suffered as a non-virgin, given that on physical, social, and cultural levels, being a virgin has important ramifications for the embodied self. Although traditional norms have been somewhat shaken up by a changing socio-economic reality, premarital chastity was considered the norm in the DRC (Djamba, 2003). The loss of a girl's virginity through rape often leads to settlements "*à l'amiable*," in which the girl is offered to the rapist in exchange for a decreased dowry (Pratt & Werchick, 2004). Some girls testified that not being a virgin became less important the older they were at the time of the rape, and with the passage of time after it, meaning that the lapse of time was a protective factor, bringing solace to a situation where they felt 'different from the others.'

Another consequence of rape that invokes a negotiation of the marked and violated embodied self is the possibility of having been made barren by the rape. As the social value of a girl is linked to her value as a wife, thus also the ability to reproduce, being barren has important consequences. The fear of being "*internally destroyed*", leaving them barren, raised questions about their future. The embodied self, possibly carrying the physical marks of rape, left these girls struggling with the unknown state of their corporeal embodied self.

The inseparability of the bodily experience and cultural meaning brought another challenge to the embodied subject, which was found in the struggle young mothers described. As they stated, they "*found themselves*" being a mother while they were still only children, referring to their embodied experience of being a mother, in both a bodily and a cultural sense. The evolution they described, while neither linear nor continuous, showed how they 'learned' to accept themselves as mothers, and with it their children. The changed social and physical body demanded a renegotiation of identities and roles, particularly when facing the challenge of raising a child in precarious circumstances.

6.4.5 *Intersubjectively renegotiating the violated embodied self*

A process of embodied *intersubjectivity* (Cahill, 2001) acknowledges differences in the potential impact of the experience of rape on the individual and relational embodied self, as it is constructed in relation to others. As the violence of armed conflict ceases and families are reunited, the experience of sexual violence is given meaning by the social context. As some girls testified, the explanations provided by their family or close friends about the experience of rape often blamed the girls for the experience they endured. While some even described how their family members were present while they were being kidnapped or raped, still the blame was put on them. These negative reactions were often hard to grasp. The created societal 'normality' of blaming seemed however rarely questioned by the girls. Invited reflection on the reasons why others might blame them, even if they knew themselves that they are not to blame, brought them to explaining that people blame and stigmatize them "*because they haven't lived through rape themselves and they don't know what it entails*". This might allude to the way 'blaming the victims' is socialized in the referential framework of Congolese post-war culture. Research has indeed shown that 'blaming the victim' is a common reaction to rape victims in eastern Congo (Verelst et al., submitted). Member checks raised the question whether the cruelty of the war context, combined with powerlessness in providing protection to their 'daughters,' led to a certain 'insensitivity' or to an 'inability' to carry the burden of guilt for the social experience of rape. The bodily experience of rape in this context is thus also a social experience, as the physical body is inherently part of the social body, since the young woman's individual sexual virtue is inextricably entwined with the social and economic value she has, for herself and her family. Being raped decreases a girl's marriageability, and thus risks depriving the family from the estimated dowry (Pratt & Werchick, 2004). The girls described how the experience brings them incredible shame, which is linked to their family's shame, and family's fear of community members finding out the way their daughters 'body has been marked'. This unavoidably adds to the social impact of sexual violence, through the impact of the sexual violence on the sense of future, and on the honor and cultural meaning of the self and of the victim's family.

Remarkably, the blaming of the victim seems to reframe the social experience of rape into an individual one. Girls described how their families' initial reaction was to distance themselves from their individual bodies, which were 'broken' and 'marked' by sexual violence. The girls were blamed for the rape, rejected, and pushed away by – mostly – (close) family members (Bosmans, 2007; Kelly et al., 2012; Verelst et al., 2014). They were, as such,

dismembered from the social body, as they were perceived to be 'injured' or 'marked.' The marked subject is thus divested of social capital; "*social capital inheres in the structure of relations between persons and among persons*" (Coleman, 1990, p.302), which is endowed in social networks and structures.

However, as many girls described, the intersubjective meaning attributed to the experience of rape by the embodied self in interaction with others is in constant negotiation, either verbally or physically, and is influenced by a cultural and dynamic process of giving meaning to rape. Some stories described how they were at first thrown out of the house, sent to the rapists' families, offered for marriage to the rapist, or completely rejected and neglected, together with their children born out of rape. But later on, as outsiders stimulated mediation in their families, some were allowed to come back home. Others reported that, with the passage of time, the rejection weakened, testifying to a process of reaccepting and reframing the experience. The subjective meaning given to the sexual violence or the 'objectification of self by the violence of others' (Winkler, 1995) was thus transformed through time.

6.4.6 A multiplicity of paths followed

Rethinking rape from the theory of embodiment allows a move beyond fixed dichotomies into an understanding of sexual violence starting from women's experiences (Cahill, 2001). The crime of rape is not limited to an assault on a woman's sexuality, but is an assault on various fundamental aspects of her embodied selfhood. Embodiment allows for a ***multiplicity of experiences*** when describing rape, which differ for every individual, although constructed by the larger discourses and environment that unavoidably leave their marks. Recognition of these commonalities of experience is important, with the proviso that they are not determinants of particular experiences, but rather may be attributed different meanings and entail different consequences for each 'body.'

A variety of stories about the ways girls dealt with the sequelae of sexual violence in the context of their particular social, cultural and economic realities also emerged during the interviews. All had their own varying ways of finding a place in the cultural and social realities they lived in. These different pathways speak to the subjectivity and intersubjectivity of the experience of sexual violence and its sequelae. In this redefining and taking control of their lives, girls went through a variety of realities, shifting between different worlds, expectations, and ambitions: girls reported being

stigmatized, teased at home, forced to be submissive, supported in the family context, working hard in the field to make a living, taking the lead in the church choir, and having fun.

Further, the complexity and variety of the stories testify to the fact that sexual violence was only one experience that transformed the embodied selves of these girls, not an end-point. They might be girls who were victimized by rape and might even have called themselves or been labeled as victims, but they were never only that. The way they dealt with other transforming experiences, such as the “*everyday structural violence of poverty*” (Berghs, 2011, p. 1399) or the traumatizing experiences of war violence, affirmed their flexibility as embodied selves to transform and renegotiate their embodied experiences.

The possibility of seeing rape as starting from a woman’s experience of rape (Cahill, 2001) provides an opportunity to understand sexual violence in this war-ridden context from a multiplicity of experiences, where every embodied self gives meaning to the experience in an individual way. Additionally, the theory of embodiment provides an opportunity to look for common discourses in the varied stories. In all stories, we can identify resources and difficulties, agency and dreams, all important parts of their individual stories, on the road towards ‘peace of heart’ and peace in their lives. Hollander (2014, p. 18) states: “*Embodied peace suggests a desirable condition of stability expressed in material, spiritual and embodied terms, where memories of the past are juxtaposed with the possibility of a hopeful future.*” Having peace of heart is inextricably intertwined with the road towards an ‘embodied peace,’ including a range of necessary material, psychological, spiritual, and social aspects.

This variety speaks to the importance of listening to young women after they have experienced sexual violence, to investigate the way they make sense of their lives and in particular their psychosocial well-being. As the girls are constantly making sense of their own identities and connections, they stimulate a ‘true listening’ to their multifaceted stories, instead of being treated as ‘objects to be seen’ (Erikson Baaz & Stern, 2013).

Furthermore, with the perspective of embodiment we need to question how the embodied self is constructed in a context where the ‘communal’ is apparent and where strong social meanings seem to overwrite other meanings. Our data clearly indicated that the embodied self, while strongly influenced by larger social and cultural discourses, still begins with the individual bodily experience.

6.5 Towards multifaceted psychosocial care for victims of sexual violence

When looking at different aspects that were identified through the stories of the girls, the need to listen to their individual voices becomes apparent. Young girls and women (as well as boys and men, yet to a smaller extent than girls) are subject to violence against their bodies, violence that aims at violating their bodily integrity. In a war context, the sexual violence endured is carried out on an embodied self that is constructed by intertwined biological, psychological, economic, and sociocultural realities. As such, the embodied approach inspires a new perspective on the experience of sexual violence for adolescent girls in warring settings, calling for a reconsideration of psychosocial interventions in the field.

First, a reinvestigation on the experiences of the consequences of rape as experienced by adolescent girls against the backlight of embodiment made the intersubjectivity of sexual violence more clear. Embodiment permits a deeper understanding of the sociocultural meanings of sexual violence and the way they influence the embodied self. Our analyses showed the commonalities of experiences of sexual violence as they are influenced by certain dominant discourses that are present in the social realm. The impact of these sociocultural beliefs and influences on the embodied selves of those young victims impose a careful yet respectful investigation of existing social discourses and social practices. Interventions aiming to prevent and redress sexual violence should commence with social change, going back to these predominant discourses.

Second, the subjectivity of embodiment allows for recognition of the variety of different experiences and embodied meanings produced within a shared context. Every victim is affected by sexual violence in an individual way, but sexual violence does not happen in isolation; rather, it is embedded in a sociocultural reality. The meaning given to the 'violated' body in the intersubjective negotiation and renegotiation of new identities and spaces should therefore be the starting point of an intervention. The difficulties girls face on a daily basis render their pathway to 'peace of heart' more difficult. Interventions for girls who have experienced sexual violence should therefore comprise a combination of dimensions of aid aimed at helping girls to bear the structural violence of poverty, daily survival, stigmatization, and so on. Dealing with girls' daily situational and material struggles is needed, since they see it as the node of many problems. Furthermore, the theory of embodiment inspires a comprehension of sexual violence that begins with the experience of women. The multiplicity of experiences that all entail

resources and strengths informs a multifaceted listening that allows for flexible interventions that take note of individual and social meaning giving.

6.6 Conclusion

This study has demonstrated the importance of qualitative in-depth research when dealing with the psychosocial well-being of victims of sexual violence. Thorough and extensive quantitative research had already shed light on the influencing factors in both a risk and a protective sense (Verelst et al., 2014). Qualitative analysis has offered a more in-depth perspective on the psychosocial well-being of these girls and the associated influencing factors. This study underscores the conclusion that the ramifications of sexual violence are ample, influencing the lives of girls in a compelling way. These consequences have already been established in several studies (e.g., Johnson et al., 2012; Kelly et al., 2012; Verelst et al., 2014). This analysis, however, sheds light on the sociocultural and biological dimensions that are involved in the embodied experience of rape. The experience of sexual violence calls for a renegotiation of the embodied self, a reinvention of the victim's identity, a renegotiation of the social space and value. It also shows that the contextual factors that entail 'structural violence' of different kinds exacerbate the 'instability' in their well-being. Starting from the experience of women (Cahill, 2001), we discover the various ways girls deal with the structural violence they endure and the different resources they tap into to reach a space where they have 'peace of heart.' This embodied analysis of the story also reveals the variety of girls' stories, which are endowed with strengths and potentials for dealing with the daily structural violence. This multitude of experiences calls for an individual approach where victims are listened to, in the complexity of their embodied experiences, influenced by larger social and cultural discourses. Beyond a one-size-fits-all approach that imposes the way girls should experience, cope, and transform after having experienced sexual violence, an approach that creates space to listen to their stories could inspire psychosocial care that helps every individual girl to deal with her embodied experience of rape on her particular road to peace of heart.

Acknowledgements

We kindly thank Julianne Azonye, whose help, work and insights throughout the whole study were indispensable. We would also like to thank Nancy Say Kana, coordinator CCVS RDC, and the whole CCVS RDC team, without whose logistical support and challenging discussions the study would not have been possible.

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When she woke up at night just three years ago, Rose hardly believed she wasn't having a nightmare. She held her breath as she felt the knife pricking in her neck, pushed down by a man. He raped her, while she didn't dare to make a sound. He threatened to kill her if she would only fringe... It was not the first time that robbers had entered... last time they broke the windows, and her sister with whom Rose was living in this mud and wooden built house didn't have the money to repair them yet. Rose's father had lost all his belongings during the war after having been a wealthy business man before. Her mother returned to the village but left Rose and her sister in town, to earn a living and go to school. Her family already had so many problems... When Rose's sister came back home and saw how her few belongings had been stolen she was angry, she shouted, cried and called the neighbors. Rose didn't dare to say anything about what happened to her. It was four months later that she knew something was up. She felt her body was changing and her belly was growing. When her mother found out she was pregnant she became furious 'Your father will kill you and me with you'. We have to get rid of this baby!' Her mother was determined, her father should never know what has happened. She dragged Rose to the hospital just outside of town. When the doctors confirmed Rose was indeed pregnant her mother demanded the baby to be aborted. In the presence of the social worker of the local NGO the doctor explained that it was no longer possible to have an abortion since Rose was already too far along in the pregnancy. Her mother pleaded and cried but the doctor insisted. On their way back home from the hospital it was already clear that this would not be the end of the story. Rose's mother started the next day by visiting a traditional healer for herbs to cause an abortion. Rose took them as she demanded but nothing happened. The social worker followed up in the house, at times that she knew Rose's father would not be home. The social worker took it at heart to talk to Rose's mother to accept the pregnancy and leave the idea of aborting the baby. After many conversations her mother gave in, sobbing and crying about it knowing that she would have to tell her husband. A week later the social worker came back, at the time Rose's father had gotten back from the field. With her help they told her father. He didn't kill Rose nor her mother, he even let her stay in the house, but he would never again talk to his daughter after that conversation. Rose lived on in the home of her family, but now she would endure the continuous remarks of her family members. Her aunties and brother all said the same thing. "If this really happened... you would have told us sooner! This means that you are lying and that you wanted all this to happen. You probably enjoyed getting pregnant!" After all, Rose should be considered 'lucky'. In contrast to many situations alike, the family members went on to tolerate her as the baby came, now with her child. But the baby was not accepted by her family members, since they didn't know who the father was. When Rose needed to fetch water at the borehole 2 km from the house she had to carry the baby on her back. If she would leave him at the house nobody would even turn their head if he cried or fell. So she was constantly with her son who she loved more than anything in the whole world. When she is worried or sad it's the smile of her little boy that helps her through. She hopes that one day she will be independent enough to take care of herself and her son that she named "love", as for her he means the world.



Chapter Seven

General discussion



Abstract

The findings of our three studies are presented in this final chapter. The main conclusions rising from our research are described in response to the research questions that guided our studies. Following, the contribution of these conclusions to the ecological framework that formed the backdrop of this dissertation is shown. Further, the overarching strengths and limitations of our three studies are described. Subsequently further implications and suggestions for research are made envisioning to strengthen the evidence base.

7.1 Introduction

The eastern Congolese population has suffered from decades of devastating war. Waves of armed conflict have raged across the region leaving a trail of devastation and destruction, mainly touching the civilian population (Prunier, 2009; Turner, 2007). The infamous Congo wars have cost the lives of over five million people (Coghlan et al., 2009), and have been marked by the use of massive human rights abuses and horrific tactics of war (Maedl, 2011; Nordstrom, 1991). The tactic of war that has gained most international attention in these armed conflicts is the exuberant use of sexual violence as a weapon of war (Erikson-Baaz & Stern, 2013). Estimates of the prevalence of sexual violence are only tentative, but numerous reports and studies testify to the rife use of brutal sexual violence in eastern Congo (Bartels, Van Rooyen, Leaning, Scott, & Kelly, 2010; Duroch, McRae, & Grais, 2011; Maedl, 2011; Peterman, Palermo, & Bredenkamp, 2011; Wakabi, 2008). While women are the principal victims of sexual violence, also girls, boys, and men of all ages have been reported to be victimized by sexual violence (Dolan, 2010; Lwambo, 2011). The use of sexual violence has been strongly described as the “*war within the war*” (Human Rights Watch, 2003) aimed at destroying women and indirectly tearing up social ties and support systems in Congolese society (Mukwege & Nangini, 2009; Pratt & Werchick, 2004).

While international peace agreements have been signed (Demetriou & Magnuson, 2011), insecurity still holds its firm grip on the Congolese population and places them in a dreadful situation of “neither-peace-nor-war” (Beneduce, Jourdan, Raeymaekers & Vlassenroot, 2006). Recurring upsurges of armed violence and conflict still terrorize the whole eastern regions of Congo (Human Rights Watch, 2009; Nyangini, Fernandes & Muggah, 2014). Communities describe how they experience ongoing sexual violence as one of the predominant signs that “*war is not over yet*” (Dolan, 2010, p.1). While in most regions communities struggle to recover from devastating armed conflicts, sexual violence is still highly prevalent (Maedl, 2011), and in certain regions even more so compared to times of active conflict (Bartels et al., 2013). Recently however, there have been increasing reports of rape by civilian perpetrators (Bartels et al., 2010b; Duroch et al., 2011), in particular against minors (Malemo Kalisya et al., 2011). Also in eastern Congo, as in other war-affected regions, a dazzling increase of civilian rape is being reported in periods of relative peace, which has prompted the question: ‘has sexual violence become ‘normalized’ in eastern Congo?’ (Bartels et al., 2010b). Sexual violence in eastern Congo brings about

devastating consequences on both physical, economical, psychological and social levels for the victim and their social environment (Bartels et al., 2010a; Bosmans, 2007; Kelly et al., 2012; Mukwege, 2010). In this dissertation, we opted to pay particular attention to the psychological consequences of sexual violence, which have not yet been systematically investigated in adolescent victims of sexual violence in particular.

The overall objective of this dissertation was to shed light on the psychosocial well-being of adolescent victims of sexual violence in eastern Congo. This objective was approached from an ecological perspective, hereby following the model on mental health outcomes of sexual violence as proposed by Campbell, Dworkin and Cabral (2009). This model was developed building on a tradition of ecological models (Bronfenbrenner, 1979; Koss & Harvey, 1991; Neville & Heppner, 1999) that look at an individual as embedded in different social ecological systems. The model of Campbell and colleagues (2009) enabled us to hold a perspective on the psychosocial well-being of adolescent victims of sexual violence that could gain insight in various risk and protective factors associated with the psychosocial well-being of these girls.

Broad and extensive literature has directed us to frame six research questions aiming to contribute to the knowledge on the role of different risk and protective factors on the mental health of victims of sexual violence:

1. What are the existing rape myths and rape supportive beliefs in eastern Congo and how are they accepted?
2. How does sexual violence affect the psychosocial well-being of eastern Congolese adolescent girls?
3. What is the influence of risk factors (i.e. stigmatization, daily stressors, and stressful war events) on the psychosocial well-being of adolescent victims of sexual violence?
4. What is the influence of protective factors (i.e. coping and social support) on the psychosocial well-being of adolescent victims of sexual violence?
5. How do adolescent girls make sense of the psychological and social sequelae of sexual violence and their lives?
6. What are the implications of these research findings for clinical and pedagogical practice and prevention?

The research was developed according to a mixed-methods design and comprised of three studies.

The research was conducted in the Ituri region in eastern Congo. This region has set the scene for an armed conflict, amidst other armed conflicts in eastern Congo, which had earned Ituri the title of ‘the bloodiest corner in Congo’ (Human Rights Watch, 2003). The ethnic conflict that officially ended in 2007 was characterized by numerous human rights abuses, including the killing of more than 60,000 civilians and the displacement of about 500,000 (Fahey, 2011; Human Rights Watch, 2003; Vlassenroot & Raeymaeckers, 2004).

The first study (Chapter Two) was designed to explore the rape supportive beliefs and adherence to rape myths of the population of Ituri. Herewith, we sought to gain insight in local and cultural beliefs that inform the social conceptualization of sexual violence. The second study investigated, by means of a large-scale cross-sectional study, the factors associated with the mental health outcomes of sexual violence in adolescent Congolese victims such as war-related traumatic exposure, stigmatization, daily stressors, labelling, coping and social support (Chapter Three, Four, and Five). The third study (Chapter Six) was a qualitative study aiming to attain deeper understanding of the subjective experiences of adolescent girls who have been raped in eastern Congo and the way they deal with the aftermath of sexual violence.

This seventh chapter first integrates the main conclusions brought to the fore by the three studies in order to provide an answer to the central research questions. Then, it seeks to clarify the ways this research contributes to the ecological theoretical framework on the mental health impact of sexual violence as proposed by Campbell and colleagues (2009). Next, this final chapter delineates implications for further research on the subject. To adequately address the ways the main conclusions of this study can be translated into practice, we have described implications and recommendations for practice in the next chapter. Conclusively, we will address the strengths and limitations of our research.

7.2 Main conclusions

We will now delineate the main conclusions that can be drawn from the three studies in accordance with the research questions that provided the foundations of this study.

7.2.1 *Prevalence of sexual violence and mental health consequences*

Sexual violence leaves a detrimental impact on the psychosocial well-being of its victims (e.g., Acierno et al., 2002; Kilpatrick & Resnick, 1993; Perillou, Duntley & Buss, 2012; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992; Ullman & Siegel, 1993). The mental health outcomes of sexual violence in eastern Congo have been described (e.g., Johnson et al., 2010; Réseau des Femmes pour un Développement Associatif, Réseau des Femmes pour la Défense des Droits et la Paix, International Alert, 2005), but were seldom investigated in adolescent victims, nor by large-scale quantitative exploration. Through a large-scale cross-sectional study design, we investigated the mental health of adolescent victims of sexual violence in eastern Congo. We used the culturally adapted Congolese (French) version (Mels, Derluyn, Broekaert, & Rosseel, 2010) of the Impact of Event Scale-Revised (IES-R) (Bean et al., 2007) and of the Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A) (Bean, Derluyn, Eurlings-Bontekoe, Broekaert & Spinhoven, 2007) to measure post-traumatic stress symptoms and symptoms of depression and anxiety respectively. Analysis of the data showed us that more than one third of adolescent girls in eastern Congo have experienced sexual violence. These results corroborate with earlier findings on the prevalence of sexual violence in eastern Congo (e.g., Johnson et al., 2010; Peterman et al., 2011), although it should be mentioned that these studies focus mainly on an adult population. We can conclude that the prevalence of sexual violence in eastern Congolese adolescent girls is high, compared to many other settings (e.g., Garcia-Moreno et al., 2005; Jewkes, Sen & Garcia-Moreno, 2002).

In addition, this study shows that adolescent victims of sexual violence carry a heavy mental health burden in the aftermath of sexual violence (Chapter Four). Girls who have experienced sexual violence have significantly more post-traumatic stress symptom as well as symptoms of depression and anxiety than their peers who don't report any sexual violence. These findings echo conclusions from international settings that describe the negative mental health outcomes in adolescent victims (e.g., Bal, Crombez, Van Oost & Debourdeaudhuij, 2003).

7.2.2 *Labeling of sexual violence*

Most studies on sexual violence in warring settings base their results on self-reported rape of women, girls, boys, or men. The combination of an extensive literature review on sexual violence and our first study on existing beliefs on

sexual violence inspired us to start from a broader definition that takes into account victims of sexual violence that don't label their experience as rape. Indeed, it is the case that most girls don't label their experience of sexual violence as rape, even if it abides by a legal definition (e.g., Koss, 1989). From the data of our cross-sectional survey with adolescent girls in Ituri clearly emerged that indeed many adolescent girls report sexual violence, but of them 63% don't label it as rape (Chapter Four).

While girls who reported rape also report much higher levels of daily stressors, war-related traumatic exposure and stigmatization, it is girls who report sexual violence but don't label it as such that report most post-traumatic stress symptoms. This echoes earlier findings of Clements and Ogle (2009) carried out in a non-warring setting. It is evidently clear that girls who report non-consensual sexual experiences but don't label it as rape suffer from substantial psychological consequences (Jejeebhoy & Bott, 2005; Jewkes et al., 2002). This study thus clearly provides an answer to our third research question and shows that labelling indeed has an important impact on mental health outcomes of sexual violence.

7.2.3 *War-related traumatic experiences*

The third research question that lies at the heart of our study design prompted the investigation of different risk factors on the mental health of adolescent victims of sexual violence.

Ecological research traditions in both the investigation of psychosocial well-being of victims of sexual violence (e.g., Campbell et al., 2009) and the examination of mental health outcomes of war-affected children and youth (e.g., Miller & Rasmussen, 2010) led us to investigate two potential risk factors namely war-affected traumatic exposure and daily stressors. The cross-sectional study with 1304 adolescent Congolese girls included the Adolescent Complex Emergency Daily Stressors Scale (ACEDSS) (Mels, Derluyn, Broekaert, & Rosseel, 2009) which enquired a range of different daily stressors relevant to the Congolese context and the Adolescent Complex Emergency Exposure Scale (ACEES) to measure potentially traumatic war-related events.

Concerning war-related traumatic exposure, we found that girls who were raped reported significantly more exposure to war-related potentially traumatic events (Chapter Four). Girls who reported non-consensual sexual experiences indicated significantly less war-related traumatic experiences,

but still more than girls who didn't report any sexual violence. Nonetheless, it is important to note that also girls who didn't report sexual violence often testified to having experienced other war-related potentially traumatic experiences, which also largely impacted their mental health (Chapter Four), whether they label it as rape or not.

7.2.4 Daily stressors

Analysis unveiled that girls who were victims of sexual violence report significantly more daily stressors than girls who don't report sexual violence (Chapter Four). Our qualitative study as well pointed to the immense burden of daily stressors adolescent victims of sexual violence, and also their families, face in the aftermath of war. Many girls described how the extreme circumstances of poverty and insecurity – translated into difficult daily stressful life conditions – is the node of their problems.

Both our quantitative as qualitative findings show that there is a strong association between daily stressors and mental health outcomes for all adolescent girls. These findings strongly underwrite other study findings that point to the influence of daily stressful life conditions in determining the mental health outcomes after war-related traumatic exposure (e.g., Fernando, Miller, & Bergen, 2010; Miller, Omidian, Rasmussen, Yagubi, & Daudzai, 2008; Miller & Rasmussen, 2010).

Our quantitative study however shows that daily stressors particularly predict mental health outcomes in girls who report non-consensual sexual experiences or girls who don't report sexual violence. For girls who report rape, daily stressors predict less of their mental health outcomes.

These findings suggest that the experience of rape already account for a large proportion of the high levels of mental health problems in self-reported rape victims. It seems to make them less vulnerable for the added burden of daily stressful life conditions. As we will describe further on, these findings don't align with findings shedding light on a social form of daily stressors, namely stigmatization, that seemingly does render victims of sexual violence more vulnerable for negative mental health outcomes.

7.2.5 *Social stressors and stigmatization*

Keeping in mind the entwined social and psychological consequences of sexual violence (Kelly, Kabanga, Cragin, Alcayna-Stevens, Haider & Vanrooyen, 2011), we investigated the impact of stigmatization on the mental health of young victims of sexual violence. In the context of eastern Congo, stigmatization of the victims of sexual violence is widely reported (e.g., Bartels et al. 2010b; Human Rights Watch 2009; Johnson et al., 2010; Steiner et al., 2009), and often constitutes a devastating experience for its victims (e.g., Kelly, Betancourt, Mukwege, Lipton & VanRooyen, 2011; Kelly et al., 2012).

To measure stigmatization and its impact on victims' mental health in our large-scale cross-sectional study, we used the items initially derived from the Everyday Discrimination Scale (Williams, Yan Yu & Anderson, 1997) in accordance with former research in war-affected settings (Betancourt, Agnew-Blais, Gilman & Ellis, 2010), and adapted this questionnaire to the particular cultural context following the procedure of Mels and colleagues (2010). Our results showed that adolescent girls who experienced sexual violence faced far more experiences of stigmatization, including feelings of being treated worse than others, being insulted, and rejection by and exclusion from family and/or community. Within the group of girls who report sexual violence, it is girls who are raped that report even more stigmatization experiences than girls who report non-consensual sexual experiences.

Our findings also unveiled the strong impact of stigmatization on the mental health outcomes of sexual violence in adolescent Congolese victims (Chapter Three). Mediation analysis showed how stigmatization largely explains the mental health impact of sexual violence on post-traumatic stress symptoms (avoidance and hyperarousal) and depression. The fact that stigmatization plays such a critical role in the psychosocial well-being of adolescent victims is reverberated in our qualitative findings. Girls who experienced rape almost all report harsh experiences of stigmatization from both their family as their larger environment. They furthermore describe how the experiences of stigmatization strongly affect their psychosocial well-being. This falls in line with other qualitative studies that describe how the stigmatization following rape is sometimes as traumatizing as the rape itself (Kelly et al., 2011).

7.2.6 *Rape supportive beliefs and rape myths*

The fact that stigmatization is widely reported in the eastern Congolese context might be linked to the existence of sociocultural gender norms that inform rape supportive beliefs that blame the victim and exonerate the rapist. A thorough study of the body of literature on beliefs on sexual violence pointed us into the direction of the concept of rape myths and inspired our first research question. Rape supportive beliefs and rape myths were investigated in this eastern Congolese population, since research has extensively shown that rape myths influence thoughts and behavior related to rape, facilitate blaming the victim and judging the trauma as less severe (e.g., Bohner, Eyssel, Pina, Siebler & Viki, 2009; Frese, Moya & Megias 2004; Stormo, Lang & Stritzke 1997). These negative reactions, blaming the victim are widely reported in eastern Congo (Kelly et al., 2012). Moreover, they are likely to induce self-blame in the victim, thus significantly impacting psychological recovery processes (Frese et al., 2004; Harned, 2005). Rape myths can be found across cultures all over the world (Babalola, 2014; Boakye, 2009; Oh & Neville, 2004).

The research question prompted our mixed methods study design as it raised the question to the nature existing rape myths and rape supportive beliefs and the extent they were accepted to by the local eastern Congolese population. We aimed to investigate how people from Ituri themselves perceived sexual violence, its perpetrators, its victims and its causes. After examining existing ideas on sexual violence, its causes, and its consequences through a qualitative pre-study, a cross-sectional survey was conducted with a stratified random sample of 409 youngsters and adults, to examine their acceptance of culturally-relevant rape myths, and their perceptions on the causes of sexual violence.

Our data provided us with important findings on the existent beliefs on sexual violence that were accepted in the region. Rape myths were in general strongly accepted, both in men and women, especially the rape myths related to 'blaming the victim' and 'exonerating the rapist'. These findings do not corroborate with most studies that find that men generally report a higher acceptance of rape myths than women (Aosved & Long, 2006; Lonsway & Fitzgerald, 1994; McMahon, 2010).

As it echoes the findings of one earlier study on attitudes towards sexual violence in the region (Babalola, 2014), we hypothesize that these findings could allude to the psychological function of rape myths. Higher rape myth acceptance in women is associated with the preservation of the feeling of invulnerability to the threat of rape (Bohner & Lampridis, 2004; Bohner,

Siebler & Raaijmakers, 1999), while a lower rape myth acceptance acknowledges a threat of sexual violence for all women. This psychological preservation might be adaptive in a warring context where 'there is no safe space' for women (Leatherman, 2011).

These findings are echoed in the mentioned causes of sexual violence were the predominantly mentioned cause of sexual violence was 'the way girls dress'. Other causes mentioned were also related to blaming individual behavior of women, or exonerating men. The acceptance of rape myths and mentioned causes that blame victims for sexual violence lie close to the concept of 'victim precipitation' where victims are seen as the cause of their own victimization, either because of their own fault or inadequate sensitization of these victims (Cowan, 2000; Timmer & Norman, 1984).

The strong acceptance of victim precipitation might distract attention from more structural causes of rape. Notwithstanding, some structural and social causes were mentioned by participants in our study, although more frequently by adults. A deeper analysis of differences between groups showed that rape myths were significantly more accepted by minors than by adults. Dealing with sexual violence means aiming to create social change. Therefore, a thorough investigation and analysis of the situation of gendered power relations and norms, which can be found in local beliefs and ideas, seems like a good place to start (DFID, 2014). Insight in these beliefs and the acceptance of rape myths is important because they inform social reactions and behavior blaming the victim. Rape supportive beliefs reflecting underlying gender norms can also influence different forms of sexual violence to be sociocultural accepted or seen as justifiable (Dolan, 2010; Heise, Ellsberg & Gottemoeller, 1999; Jejeebhoy & Bott, 2005; Muchukiwa, 2010). Furthermore, rape supportive beliefs and rape myth acceptance have been described to induce self-blame in victims and as such influencing their psychosocial well-being (Frese et al., 2004; Harned, 2005). Also our qualitative findings describe how victim-blaming reactions are strongly embedded in a larger sociocultural reality. Being a victim of sexual violence is directly linked to a loss in social value that not only has ramifications on a personal but also on a social level. The blaming reactions of peers or family are described by the victims as ever-present and rarely questioned by the larger social environment. Even though girls confidently report that they were forced and not to blame, their environment often arguments otherwise. Hereto, they refer to rape supportive beliefs like "it is only now that you are pregnant that you say you were raped, so it must be a lie", or "you were out at night by yourself so you must have been looking for it" (Chapter Six).

7.2.7 *Family support*

What emerges from both the qualitative as quantitative data is the particular role family plays in stigmatization. Girls report a lot of stigmatization and rejection from family members (Chapter Three, Six). At the same time, they describe that support of family members can protect them against stigmatization from other community members. As was stated by the adolescent girls who were victim of sexual violence, “if a family supports you, the stigmatization of other community members is rendered ‘powerless’”.

Traditionally, family support is seen as a protective factor to mental health outcomes in victims of sexual violence (Atkeson, Calhoun, Resick, & Ellis, 1982; Thompson et al., 2000) as is the case for other war-affected youth (e.g., Barenbaum, Ruchkin, & Schwab-Stone, 2004; Kovacev & Shute, 2004). Inspired by our fourth research question aiming to shed light on possible protective factors, we carried out a large-scale quantitative study, where 1,304 adolescent Congolese girls filled out a culturally adapted version of the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988). The results of our study showed that girls who report rape receive less family support than their peers. Further statistical analysis revealed that family support reported by our sample in general does not mitigate the negative mental health effect of sexual violence, unless, slightly (symptoms of depression, in girls who don’t report sexual violence).

Additional analysis exposed a complex interaction between family support and other risk factors, like stigmatization, traumatic exposure and daily stressors in girls who report sexual violence (whether they label it as rape or not). In girls who report sexual violence, more family support is even associated with more post-traumatic stress symptoms, when combined with high levels of stigmatization, daily stressors, or traumatic exposure.

We firstly turn to the disrupted family and community support structures to find a possible explanation for our findings. These structures and support systems have often been shattered by armed conflict and might in the aftermath of war still be too weak to provide victims of sexual violence with the support they so greatly need (Kelly et al., 2012). Another possible explanation is the ‘pressure cooker effect’ (Hobfoll & London, 1986; Hobfoll, 2009), where social relationships are put under pressure in times of war, as conversations are inundated by recurring rumors, impending harm and emotional suffering referring to war. This might be influenced by the fact that also close intimate social support providers might be struggling with the same problems and, therefore, might be unable to provide adequate support when confronted with the similar suffering or adversities.

Further investigations into possible explanations to elucidate on these particular findings lead us also to reflections on the Western conceptualization of social support, which shines through a measure like the MSPSS, which might not fully capture the sociocultural meaning of adaptive social support (Kim, Sherman, & Taylor, 2008) for these adolescent Congolese girls.

These findings can be enriched by our qualitative findings that resulted from our third study (Chapter Six). Here girls who have been victimized by sexual violence first and foremost mention material and financial support from their family members as helpful and needed. Many even link this material and financial support to 'a sign of love' of their family members, which might be associated with the situation of extreme poverty these girls find themselves in. Emotional support from family members is indeed identified as helpful by some, but others especially value the way their family members help them to 'move on' or 'be distracted'. Turning back to the research question at hand, we can conclude that – in contrast to other studies – we did not find a major direct protective effect of family support as we measured it. We however did find that family support shows a complex interaction with other risk factors on mental health outcomes.

7.2.8 *Avoidant coping*

The latter possible explanation for the complex interaction of family support in girls who report sexual violence can be linked to our findings on avoidant/disengagement coping. Encouraged by former research that shed light on the potentially protective nature of avoidance/disengagement coping strategies in eastern Congolese adolescents (Mels, Derluyn, Broekaert, & Garcia-Pérez 2013), we formulated a fourth research question on the influence of coping on mental health outcomes of victims of sexual violence in the same region. The same cross-sectional population-based database was analyzed to examine the role of avoidant/disengagement coping in particular. These avoidance/ disengagement strategies are strategies of cognitive or emotional activity away from the stressor or one's emotional or cognitive reaction to it; e.g., distraction, social withdrawal (Compas, Commor-Smith, Satlzman, Harding Thomson & Wadsworth, 2001). Most studies sustain the common notion that avoidant/disengagement coping might be considered adaptive to reduce stress directly after the traumatic event, but lead to more mental health problems in the long run (e.g., Braun-Lewensohn et al., 2009; Frazier, Mortenson, & Steward, 2005; Valentiner, Foa, Riggs, & Gershuny, 1996).

Our findings however direct us towards a more nuanced conclusion. In girls who don't report any form of sexual violence, avoidant coping is indeed found to be negative for their psychosocial well-being, which supports earlier findings that demonstrate that avoidant/disengagement coping strategies have a negative effect on mental health (e.g., Hemmler-Stahl, Stemmler, & Stahl, & Petersen, 1995). Additionally, we found that girls who report sexual violence and low levels of stigmatization portray the same negative effect of avoidant coping.

However, in girls who report sexual violence and high levels of stigmatization, avoidant coping seems to have a protective effect. These findings could suggest that girls who experienced sexual violence and report high levels of stigmatization are continuously re-traumatized (Campbell et al., 1999; Campbell & Raja, 1999, 2005), creating a situation in which avoidant/disengagement coping is seemingly an adaptive way to deal with these overwhelming emotional responses (e.g., Jones & Kafetsios, 2002). These findings align with studies with former child soldiers where avoidant coping strategies were appraised as very helpful (Vindevogel, Broekaert, & Derluyn, 2013). They are furthermore reverberated in our third study which unveiled how victims of sexual violence especially evaluate support and advice that distract them, give them hope for a better life or encourage them to move on as helpful, while talking about the event was considered for many as unhelpful or even negative (Chapter Six).

When turning to the interaction effect of family support with daily stressors, we found a different effect, namely that in victims of sexual violence, living in situations with numerous daily stressors, avoidant/disengagement coping strategies were associated with a strong increase in post-traumatic stress symptoms. This might provide further support to our hypothesis that stigmatization leads to a situation of prolonged and recurrent traumatization in which avoidant coping might be adaptive and leads to fewer post-traumatic stress symptoms. In the case the victim finds herself in a situation of overwhelming material and situational daily stressors, these daily stressors add an additional burden and affect their mental health, but does not necessarily re-traumatize the victim or make them relive the trauma.

In line with earlier findings with adolescents in the region, we can conclude that the flexibility with which coping strategies are applied by victims of sexual violence can positively influence their psychosocial well-being (Mels et al., 2013). Going back to the findings on family support, we can hypothesize that emotional family support, that often entails talking and discussing problems and difficulties, overstretches victims skills to cope with trauma as the continuous stigmatization and re-traumatization forces them to turn to

avoidant coping to deal with the overwhelming emotions (e.g., Frazier et al., 2005; Gutner, Rizvi, Monson, & Resick, 2006).

7.2.9 *In-depth study*

Inspired by the complex yet interesting quantitative findings elucidating on the influencing factors of the mental health outcomes of sexual violence on different levels of the ecological model that constituted the framework of all studies, we consciously decided to formulate the fifth research question namely *“How do adolescent girls make sense of the psychological and social sequelae of sexual violence and their lives?”*. To add on the quantitative findings, we undertook a qualitative study with 27 victims of sexual violence aiming to contribute to a richer understanding of psychosocial well-being after wartime sexual violence. The study underscored the conclusion that the ramifications of sexual violence are ample, influencing the lives of girls in a compelling way.

Through a multi-layered qualitative analysis we came to use the theory of embodiment to re-think the interview data, and came to new understandings of the psychosocial well-being of young victims of sexual violence. The study unveiled the different cultural, physical and psychological dimensions of the experience of rape all combined in the body of its victims. The meaning that is attributed to the experience of rape is shaped by the meaning given by the social environment. The sociocultural meaning and reactions to rape are often informed by the belief that the victim is to blame (Kelly et al., 2012) and have become commonplace in society. Victims of sexual violence describe how these reactions and beliefs are widespread and considered ‘normal’ by non-victims as they have not lived through the same experience (Chapter Six; Kelly et al., 2012).

Our qualitative findings furthermore elucidate on the social meaning of sexual violence which renders girls feeling ‘worthless’ or ‘different than the others’. Especially the social, and interlinked cultural and economic, meaning of the loss of sexual virtue is hard to bear for many victims. As such, the impact of sexual violence on an adolescent girl has different physical, psychological, and also sociocultural implications that are all combined in her embodied self.

Furthermore, the study was able to shed light on the diversity of subjective and multifaceted meanings given to rape and its aftermath that are taking shape in relationship with others. More than anything else, this study emerged the need to listen to the voices of girls of sexual violence to learn about how they make meaning of their experiences and how they utilize their

own resources and coping strategies to find psychosocial well-being or 'peace of heart'.

Last, a strong element that arose from our study was the devastating impact of sexual violence on the psychosocial well-being of girls who have gotten pregnant from rape. As research has shown, many young girls fall pregnant after sexual violence (Nelson et al., 2011), and this renders them – as well as their children – particularly vulnerable for stigmatization and abuse (Carpenter, 2006). Our qualitative study confirmed how unwanted pregnancy multiplies the economic, social, and psychological ramifications of sexual violence. As most other victims, young mothers also describe the daily stressful life conditions that color their lives. The daily stressors they refer to are often linked to how they struggle to raise their children in a difficult practical and social context. Furthermore, these young girls describe the difficulties they surpassed and the ways they managed to keep on going gradually acceptance their young motherhood and their children born out of rape. For some their children even become a source of joy and support while other describe how they continuously struggle to accept and love their children.

7.3 Contribution to the ecological theoretical framework on the mental health impact of sexual violence

This dissertation aimed to make a contribution to the ecological theoretical model as proposed by Campbell and colleagues (2009). We focused in particular on the war-affected context of eastern Congo in which risk and protective factors of mental health outcomes of sexual violence in adolescent victims had not yet been systematically and extensively investigated. As expected, we found that different factors could be identified on all levels of the ecological model as contributive to the psychosocial well-being of victims of sexual violence. The figure below depicts how different factors on various levels of the ecological model exert an influence on the mental health outcomes.

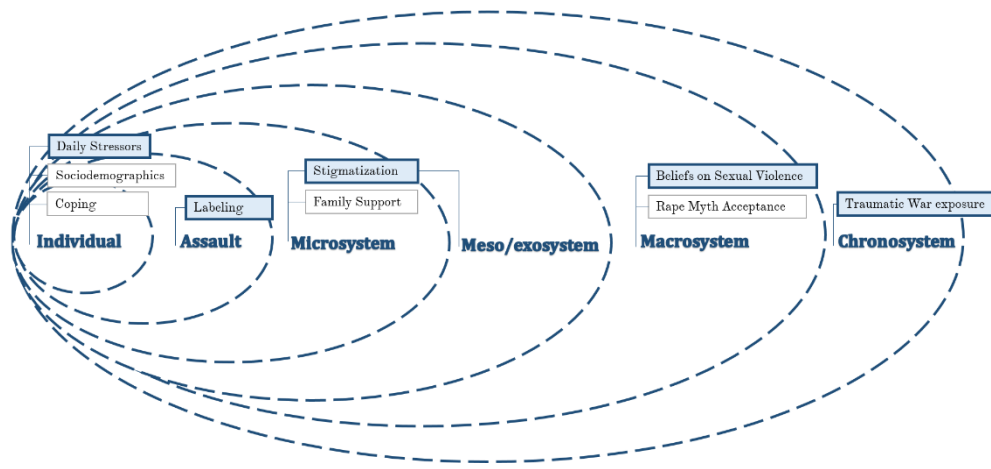


Figure 1 An ecological model on the impact of sexual violence in eastern Congo on the mental health of adolescent girls

All three studies have helped identify important risk and protective factors of mental health in eastern Congolese adolescents as described above. Sociodemographic variables, coping, stigmatization, family support and rape myths acceptance were already built-in the model that was proposed by Campbell and colleagues (2009).

Our ecological model, that was inspired by both literature on sexual violence as literature on mental health of war-affected children and youth enabled us to identify four additional factors that should be integrated in a comprehensive investigation of mental health outcomes of sexual violence:

First, we have added daily stressors on an individual level, referring to the stressful conditions that are created or exacerbated by a warring context. These **daily stressors** seem to explain a large part of the mental health outcomes of victims of sexual violence. These findings once more underscore the importance of an integrative approach in both research as practice that takes into account both the traumatic experiences as the daily stressful conditions that are often characteristic to a warring setting and that have a complex and heavy impact on the psychosocial well-being of young people affected by armed conflict.

Second, **labeling** of an experience of sexual violence as 'rape' or 'non-consensual sexual experience' has been added to the model, and allowed a deeper understanding of the consequences of sexual violence for many adolescent girls who were not identified or considered in earlier studies or interventions.

Third, we have extended our understanding of the potential effect of cumulative trauma on the **chronolevel** to war-related traumatic exposure. As was shown in our research, the effect of the accumulation of war-related traumatic exposure is a determining factor on the mental health outcomes of sexual violence in a warring setting and should be taken into consideration. Further, as we have found in our qualitative research, the influence of time and trajectories over time is of great importance. The trajectories these young women go through are neither linear nor universal, but dynamic and subjective. Especially our qualitative findings clearly show the complexity of rehabilitation processes after sexual violence in warring settings. Therefore, the evolution and interplay of factors seen within a longer timeframe seem key to this ecological model.

Last, our study consolidated and highlighted the tremendous impact of **stigmatization** on the mental health outcomes of sexual violence. Hereby, these practices of stigmatization are strongly intertwined by other factors, like sociocultural beliefs ('rape myths') and daily stressors.

As illustrated in the figure of the ecological model by the dotted lines between the different levels, we have found that factors on different levels are interlinked. For instance, adherence to rape-supportive beliefs on sexual violence that can be found on the macrolevel might influence blaming negative reactions by family members. Furthermore, we have found that on various levels different factors influence one another. Also, mental health outcomes in itself have a distinct influence on the identified factors. The ecological model as such provides a framework for risk and protective factors influencing sexual violence but it needs to be acknowledged that these factors are interlinked and interdependent.

7.4 Methodological strengths and limitations

We turn back to the methodological strengths and limitations that were touched upon in the various chapters. In this conclusive chapter, we enumerate the general strengths and limitations that emerge from the three studies in order to provide a methodological context to our main conclusions.

7.4.1 Limitations

The contextual and practical realities of our research informed the implementation of a large-scale **cross-sectional study**. However, at the same

time, we acknowledge the limitations that lie embedded in a cross-sectional design. While cross-sectional studies can shed light on the complex relationships and associations between variables, it cannot provide a definite conclusion on causal relationships (Rindfleisch, Malter, Ganesan & Moorman, 2008). The qualitative study in this dissertation moreover provided support for the importance on the chronolevel of the ecological model. Through a cross-sectional study, the influence of time and the trajectories and dynamic processes of rehabilitation of adolescent victims of sexual violence are not taken into account, since it only provides us with knowledge on inter-individual differences, not about intra-individual difference (Fitzmaurice, Laird & Ware, 2011). In our research design, we did try to shed light on the trajectories of victims of sexual violence through our qualitative study which has laid bare some interesting findings on the complex processes of post-sexual violence rehabilitations in a warring setting like eastern Congo (Chapter Six).

Another distinct limitation of this study is the fact that it only focused on sexual violence where girls and young women are the victims. The singular focus on girls when looking at consequences of sexual violence undoubtedly forms an overarching limitation of the whole dissertation. Studies are increasingly providing evidence for sexual violence committed against **boys and men** in eastern Congo (Johnson et al., 2010; Peterman et al., 2011; Sivakumaran, 2007). While we strongly consolidate the need for more research into the impact of sexual violence on boys and men, we carried out this study focusing mainly on the impact of sexual violence on young girls. We were directed in this direction taking into account the timely and financial constraints of our research. Additionally, we considered the knowledge that mainly girls are victimized by sexual violence, yet adolescent girls were rarely included in large-scale studies. Finally, we recognized the highly sensitiveness of the issue of sexual violence against boys, since an even stronger taboo exists against reporting sexual violence against them which would have encumbered a large-scale study in schools.

Furthermore, the sample of the large-scale cross-sectional study integrates only **school-going adolescent girls** in the environment of Bunia, the largest city of Ituri district, and excludes out-of-school adolescents, reducing the study's generalizability to out-of-school adolescent girls, and to other girls in eastern Congolese regions. Through our mixed-methods design, we were able to enrich our quantitative data which were only gathered from in-school adolescents with interviews with girls who were both in and out of schools. This provided us with an in-depth insight into the lives of victims of sexual violence also outside schools.

Our studies show clearly how sexual violence victimizes more than one third of all adolescent girls. Nonetheless, it is likely that the prevalence of sexual violence reported here is an **underestimation** of reality, given the fear of stigmatization when reporting on sexual violence in eastern Congo (Duroch, McRae, & Grais, 2011). However, the inclusion of different forms of sexual violence (including on-consensual sexual experiences within relationships) in the questionnaires might have facilitated greater openness in reporting on sexual violence experiences.

Throughout our study design, we have included procedures to promote the **cultural validity** of our measures. Nonetheless, we acknowledge the possible limitations tied to the use of Western-developed measures in non-Western contexts. Although the measures were effective in exploring certain concepts of mental health and associated factors, we might have failed to capture the complex sociocultural meaning(s) of those factors. Our study illustrated this limitation by the role that was attributed to family support in the mental health outcomes of sexual violence. Our findings allude to the necessity of further investigations aiming to capture the sociocultural meaning of family support and especially helpful family support in eastern Congolese adolescents.

7.4.2 Strengths

The design of the studies described in this dissertation followed a **mixed methods** approach in order to provide a more comprehensive answer to the formulated research questions. Mixed methods research is increasingly used in social and behavioral research and is currently defined as *“the type of research in which a researcher or team of researcher combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collections, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.”* (Johnson, Onwuegbuzie, & Turner, 2007: p.123). It is furthermore recommended to find answers to complex questions on prevalence, intervention and interventions for victims of sexual violence (Campbell & Wasco, 2005). Mixed-methods research has been known to open up the possibilities and approaches used to answer research questions in an inclusive and complementary way (Johnson & Onwuegbuzie, 2004). In our studies we used large-scale quantitative studies that primarily answered questions about prevalence and the complicated relationships between different variables influencing the mental health outcomes. Complementary

to these approaches, we carried out in-depth qualitative research that shed new light on the influencing factors of the psychosocial well-being of victims of sexual violence. The combination of the two approaches enriched the answers to the research questions and provided a contribution to the methodological diversity of the literature on sexual violence.

An enormous asset to our research was the possibility to combine research and practice, and creating a conscious reflection on how both could enrich each other. Embedded in the Centre for Children in Vulnerable situations structure in DR Congo, which combines research and practice in all their activities, we were able to conduct **practice-oriented studies** that *"use theoretical frameworks and concepts to frame their questions, design their methodology, and link knowledge to policy, program development, or action"* (Rylko-Bauer, 2000: p.6). This combination firstly enabled us to develop a strong network of professional and non-professional stakeholders, from professional psychosocial workers to government officials to adolescent girls who experienced sexual violence, that could inform and (re-)direct our research design and implementation throughout the study. Secondly, the research was carried out embedded in the organisational structure of the CCVS psychosocial support center in which Congolese psychologists and psychosocial workers carry out specialized psychotherapeutic systems therapy, training, and sensitization activities. This expertise enriched the research since throughout the studies the Congolese team provided guidance, support, and socio-cultural interpretations. The adoption of a **collaborative** stance throughout the research that was translated in continuous shared critical reflection and inspiring cross-cultural interpretations.

Through qualitative research and clinical practice the research design was challenged to have a **broader approach to sexual violence**. Indeed, most studies are informed by data of self-reported rape (e.g., Johnson et al., 2010; Peterman et al., 2011), nonetheless young people rarely report rape (Jejeebhoy & Bott, 2005), because they fear stigmatization or rejection (Duroch et al., 2011) or because they don't label their experience of sexual violence as such (Koss, 1989). Our research design therefore included a broader assessment of experiences of sexual violence hereby bringing to the fore the extent of the problem of sexual violence, that goes beyond yet comprises the problem of acknowledged rape.

Furthermore, the strength of this study lies in the focus on adolescent victims of sexual violence. Studies have shown that **adolescents** are particularly

vulnerable to sexual victimization (Jewkes et al., 2002). Above, adolescent sexual victimization is strongly associated with different negative outcomes like re-victimization (Tjaden & Thoennes, 2000), risk behavior (Testa, Hoffman, & Livingston, 2010), and psychological distress (Bal et al., 2003). Also in the eastern Congolese war-affected region, some studies have alerted to the rise in child and adolescent victimization (Malemo Kalisya et al., 2011), nonetheless up to now few studies have focused on the psychological consequences of adolescent victimization or its associated factors. Our studies have contributed to the research base on this subject through both large-scale quantitative studies as well as smaller in-depth qualitative studies, herewith providing important conclusions inspiring recommendations for clinical and pedagogical practice.

The ecological model that informed our studies enabled us to look at rape and its consequences from a broader **contextualized** perspective. It challenged us to take into account the socio-cultural norms and values that form the backdrop of persistent beliefs on sexual violence and its consequences. Through strong collaborations, critical reflections and engaged research combined with intensive practice we were able to turn to see the importance of these rape supportive beliefs as an important factor determining sexual violence and its consequences. By bringing in these beliefs in our research design, and exploring the way they are accepted in the broader society we contributed to the broader and contextualized view on sexual violence in the region.

7.5 Implications for further research

Our mixed-method research was able to shed light on the complex impact of sexual violence on the psychosocial well-being of adolescent eastern Congolese girls. Although we succeeded to contribute to the base of knowledge on the subject we seize this opportunity to formulate some implications for further research.

The rather predominant discourse of rape in warring setting is the one of rape as a weapon of war (Erikson-Baaz & Stern, 2013). This loud discourse has been described to overshadow other forms of wartime rape (e.g., Brown, 2006; Douma & Hillhorst, 2012). Our study has explored the prevalence and impact of other forms of wartime sexual violence adolescent girls encounter.

It as such confirms that these forms of sexual violence often go unrecognized or become 'normalized', even by the girls themselves, notwithstanding the psychological sequelae it brings forth. What we thus suggest for further research in warring settings like eastern Congo is the adoption of a **broader approach to sexual violence**. This broader approach should touch upon different forms of wartime sexual violence and the impact it has on its victims and the broader society.

As concluded based on the first study of this research, rape myths are widely accepted in the Iturian society (Chapter Two). Most people believe that women's way to dress is the first cause of sexual violence. Beliefs and ideas on rape reflect socio-cultural gender norms and expectations and can conform acceptance or justification of the use of (sexual) violence. Therefore we plead for a thorough analysis of these **beliefs and rape myths** in the general population that influence behavior, thoughts and social reactions to sexual violence, its victims and its perpetrators (e.g., Bohner et al., 2009; Frese, Moya & Megias 2004; Stormo, Lang & Stritzke 1997). Not only more thorough analysis of rape myths and ideas on causes of sexual violence in the general population are important for further investigation, we urge very convinced for an investigation of community ideas on possible solutions for and prevention for sexual violence. Herewith we value the rising voices for more attention to "*Congolese-led and Congolese-inspired solutions*" (D'Errico, Kalala, Bashige Nzigire, Maisha, & Malemo Kalisya, 2013: p.63).

To do justice to the chronolevel of the ecological model and to shed light on the trajectories that victims of sexual violence undertake we urge for the use of **longitudinal study designs**. These studies could increase our comprehension on the long-term consequences of sexual violence in a warring setting. Some studies in Western settings have already shown the added value in adopting a longitudinal perspective on sexual violence (e.g., Hall Smith, White & Holland, 2003). We believe that longitudinal research that uses repeated measures over time allows for a better identification and understanding of patterns of change and continuity. Besides it can assist in the identification of the complex interplay of influencing factors over time elucidating on victims' trajectories (Fitzmauriz et al., 2011)

This research has aimed to build on an existing ecological theoretical framework to gain insight in the complex mental health impact of sexual violence on adolescent victims in warring settings. Through our different studies we were able to make some distinct recommendations for both

practitioners as policy makers in order to prevent and redress sexual violence and its psychosocial consequences in the aftermath of war. Few studies on the effectiveness of **psychosocial interventions** exist in the region (Bass et al., 2013; O'Callaghan, McMullen, Shannon, Rafferty, & Black, 2013). From a vision of C CVS that guided this research we seek to contribute with research and theory building to psychological and pedagogical practice and therefore plead for further research that, from a mixed-methods approach, addresses the effectiveness of prevention and intervention on sexual violence.

We underwrite the need for further research into the psychological and social consequences of sexual violence from a mixed-method approach. In order to promote **culturally valid research** we support further exploration of concepts and measures aiming to elucidate on the mental health impact of sexual violence from a contextualizing stance. The findings of our second and third study (Chapter Five, Six) illustrate the sociocultural differences that form the backdrop of social conceptualization of concepts like family support or coping.

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I have to tell you a secret actually... She whispers... I am not a rape victim... I was only taken on by the NGO because they thought I was... Augustine is a beautiful 17 year old girl... pregnant of her second child. She's about to give birth, and it shows. As so many other girls she has a tumultuous story to tell. She was only eleven when the militias came and took her from her home. They kept her in the bush for almost three weeks, three difficult weeks where she was forced to cook for them, taking care of the children.

But... she was never raped. When she finally escaped she came back home to her mother to suffer the war from there. Four years later she had a boyfriend, a nice and handsome boy that liked her and... She was sure this would be the one for her. She got pregnant and the boy left her, alone with her disappointed mother. She tried to abort the baby with herbs and traditional medicine but it did not work. When a few months later the people of the big NGO arrived in her community, asking who was taken by the militias – supposing that all these girls would be raped – she said yes. She was taken to a care centre for girls who were raped or even taken as sexual slaves during the war. Augustine had never been raped but since they never really asked her, she never told them. A few months later when the project had shut down she went back to her family.

Unwilling to take her back in, because she had now been taken on by the NGO, Augustine was looking to survive inside her family's home. She fought the remarks of people in her community and answered: 'I am not a rape victim!' but her time with the NGO convinced the community she was. Only one year later there was this other boy, a decent one. He liked her, and she liked him. He told her he would marry her.... Even take on her baby as well! But she should first prove him she was willing. She didn't want to...

One day he closed the door of his house so she couldn't get out, he forced her and it hurt. She didn't dare to shout... On her way home Augustine cried... and up till today she thinks about this event before she goes to sleep, with tears in her eyes... because she didn't want to. But what to do...? When her mother found out she was again pregnant, she was furious. When the boy found out she was pregnant... well... he presumably fled to the next province. Although nobody really knows. Augustine is now here, with her big belly waiting for the second baby to arrive. She is very anxious on how she will find clothes for this one when it is born, terrified on how her life will be when she is a young mother of two. She hurts inside when she sees the other girls walk by in their uniform, going to school because she knows very well that is it something she will never be able to do... here she is only 17 – not a rape victim – but a girl, not knowing what her future will bring...



Chapter Eight

**Entwined psychological and social
consequences of sexual violence in war.
Towards a systemic approach in
psychosocial interventions**



Abstract

In Eastern DR Congo, sexual violence has been used in armed conflicts with extreme brutality and destructiveness. While officially, through the signing of peace agreements, the armed conflict in eastern Congo has come to an end, high prevalence of sexual violence is continuously reported in the region, not only in warring contexts but also in families and communities, testifying to a more civilian character of rape. This paper describes a large scale quantitative study with adolescent girls that identified various protective and risk factors associated with psychosocial well-being in girls that have experienced sexual violence in (post-) conflict Eastern Congo. We found that more than one third of Eastern Congolese adolescent girls reported experiences of sexual violence. Adolescent girls who experienced sexual violence showed important mental health problems, in particular symptoms of depression, anxiety and posttraumatic stress. A large association is unveiled of sexual violence with other stressors (daily stressors, stigmatization and stressful war events), and the impact of all of these onto the girl victims' mental health. Furthermore both social support and coping skills are found to have an effect on mental health outcomes of sexual violence in adolescent Congolese girls. The complex process of associated risk and protective factors in the mental health sequelae of sexual violence speak to the development of an ecological and integrative approach in psychosocial support of victims to sexual violence. This paper delineates the implications of the intertwined psychological and social consequences of sexual violence for professionals dealing with victims of sexual violence in warring situations. Centre for Children in Vulnerable Situations (CCVS), implementing psychosocial support combined with practice-oriented research in eastern Congo, serves as a case study of the development of a comprehensive, systemic and rights-based approach to dealing with adolescents, survivors of sexual violence, and their social network.

8.1 Introduction

The horrific use of sexual violence during armed conflict in eastern Congo has drawn attention of international agencies, journalist, NGOs, policy makers, and even celebrities (e.g., Autesserre, 2010; Douma & Hilhorst, 2010; Erikson-Baaz & Stern, 2013). The gaze that turned attention towards victims of sexual violence in eastern Congo has gravely expanded humanitarian and development responses directed at their care. Next to medical, judiciary and economic care, psychosocial care of victims of sexual violence has become a renowned feature of the response to the Congolese wars and an intrinsic part of the general support processes (Douma & Hilhorst, 2011).

This chapter seeks to look for potential lessons to be drawn from research and practice with victims of sexual violence in eastern Congo and to contribute thus to best practices in qualitative psychosocial care of victims of sexual violence in the same region and beyond.

We consider hereto lessons learnt from the research described in this dissertation, and complement them with field experiences drawn from the psychosocial support centres “Centre for Children in Vulnerable Situations” in Bunia (eastern Congo) and Lira (Northern Uganda) that have been actively providing mental health services in these regions during the last four years.

8.2 Setting the scene: sexual violence in war

8.2.1 *Sexual violence in war – where and how*

Sexual violence has been a devastating feature of many contemporary conflicts that have taken place the past few decades (e.g., Leatherman, 2011; Wood, 2006). Throughout this dissertation, we have however argued for a broader approach to sexual violence in wartime. Turning to the warring context of Eastern DR Congo (DRC), it has been increasingly accepted that sexual violence during wartime entails a whole spectrum of experiences of sexual violence (Chapter Three, Four; Brown, 2006; Douma & Hillhorst, 2011; Peterman et al., 2011). Adopting a broader definition when looking at sexual violence in this context unveils, already partially, how immense the problem is, touching many girls and women. Obtaining exact numbers on the prevalence of sexual violence, either used as a weapon of war or committed by civilians, is difficult (D’Errico et al., 2013). The road to clarity on the prevalence of sexual violence in eastern Congo is still long and hindered by insecurity, a difficult terrain, challenging communication, lack of central

databases, and changing legal and cultural definitions on sexual violence (D'Errico et al., 2013). What remains palpably obvious is that the 'problem of rape' is widespread (Oury, 2009). Additionally, studies have shown that civilian perpetrators are increasingly identified (Bartels et al., 2010), and children and adolescents are more than ever victimized (Malemo Kalishya, 2009). Also in our study, we found that more than one third of adolescent women report to have experienced sexual violence (Chapter Three, Four, Five).

8.2.2 *Consequences of sexual violence in war: an ecological story*

The consequences of sexual violence in eastern Congo are devastating for its victims and their environment. There is a growing body of literature attending to the varied outcomes of sexual violence on a physical, psychological, social and economic level (Bartels et al., 2010; Johnson et al., 2011; Kelly et al., 2011, 2012; Pratt & Werchick, 2008; Wakabi, 2008). Looking at the psychological consequences of sexual violence from an ecological perspective enables to identify different risk and protective factors influencing the psychosocial well-being of victims of sexual violence (Introduction; Campbell et al., 2009). First, different studies have demonstrated, next to the impact of sexual violence and other war-related traumatic experiences, the influence of daily stressful life conditions, which are often exacerbated by war, on the mental health of victims of sexual violence (Chapter Three; Kelly et al., 2011).

Second, the social consequences of war are also strongly entwined with the mental health outcomes of sexual violence. Many reports and studies describe the secondary traumatization that Congolese victims of sexual violence endure through the stigmatization, rejection and negative reactions from their loved ones (Bartels et al., 2010; Johnson et al., 2010; HRW, 2009; Trenholm et al., 2009). These stigmatizing reactions have been shown to largely explaining some of the psychological sequelae of sexual violence in adolescent victims (Chapter Three).

Third, the investigation of the role of avoidant/disengagement coping alludes to the potentially protective role of avoidant coping strategies in victims of sexual violence who also deal with a lot of stigmatization or daily stressors (Chapter Five).

Fourth, qualitative studies pointed to the subjectivity of the experience of sexual violence in adolescent victims. Every victim deals with the aftermath of sexual violence in an individual way, making use of a unique set of resources in a particular context and sociocultural reality.

The complex process of associated risk and protective factors in the mental health sequelae of sexual violence thus clearly speaks to the development of an ecological and integrative approach in psychosocial support of victims of sexual violence.

8.2.3 *Programming for victims of sexual violence: current situation*

International efforts to prevent and deal with the consequences of sexual violence in Congo have increased over the last few years (D'Errico, Kalala, Bashige Nzigire, Maisha, & Malemo Kalisya, 2013). Internationally, sexual violence in eastern Congo has received more attention than any other form of violence in the region (Erikson Baaz & Stern, 2010; D'Errico et al., 2013), and incited the influx of millions of dollars in aid (Auteserre, 2012). While the international aid budget to combat sexual violence in Congo comprises millions of dollars every year (Smiths & Cruz, 2011), there seems to be little noticeable impact on the prevalence of sexual violence (e.g., Peterman et al., 2011). Given the paucity of governmental services offering support to victims of sexual violence in eastern Congo, most of the initiatives are taken by non-governmental organizations (Bosmans, 2007).

While there is a mushrooming of programs on sexual violence, the issue remains and certain limitations to existing programs can be identified. First, a lot of programs particularly focus on victims of sexual violence as a weapon of war. Other forms of sexual violence are hereby often neglected or underrepresented in services for victims of sexual violence (Bosmans, 2007; Douma & Hillhorst, 2011; HSPR, 2012). Second, programming for redress of sexual violence is often limited in time and focus, as it is implemented through internationally funded projects. While nationwide programs have urged for a more comprehensive approach to combatting and redressing sexual violence (Freedman 2011), this is often not translated in practice. A plea for a more holistic support to victims of sexual violence has been formulated by both practitioners as scholars (Bosmans, 2007). Third, the ways to counter staggering prevalence numbers, setting up prevention campaigns and dealing with the impact of sexual violence are determined by international and national actors funded by Western donors. The need for a contextualized approach that starts with a situational analysis of sociocultural ideas and beliefs is needed, yet often lacking (Hussain, Zimmerman, & Watts, 2014). Fourth, psychological support for sexual violence in eastern Congo has not yet been extensively studied. Except a few studies (e.g., Bass et al., 2013), programming for redress of sexual violence research on the effectiveness of psychosocial support for victims of sexual violence is lacking. Fifth, while efforts have been made, far less programming on sexual violence has been

directed towards the causes, compared to efforts focussed on the redress of victims of sexual violence (Auteserre, 2012; Dolan, 2010; Erikson-Baaz & Stern, 2010).

8.3 Recommendations within an ecological framework

Throughout the globe, awareness has increased on the need for psychosocial support in times of disaster (Wessells & Van Ommeren, 2008). An ecological approach that considers an individual as inseparable part of his/her social environment, with the different interlinked levels of the social ecology exerting various influences on the psychosocial well-being (Bronfenbrenner, 1979), forms the starting point of this set of recommendations. This ecological approach has been the theoretical framework throughout this entire dissertation, and allowed us to identify important risk and protective factors that influence the mental health outcomes after sexual violence on adolescent girls in eastern Congo. This approach has shown how factors on all ecological levels are intertwined and interlinked, causing an intervention on one level also to exert an effect on another level, in the short or long term, and implying that interventions need to address these different levels.

Starting from the main findings of this dissertation, complemented with the critiques on current psychosocial support initiatives for victims of sexual violence in war-affected contexts, we will formulate a set of recommendations to address these different findings onto the different ecological levels, the individual, the family, the community, the organisations implied, and the society. However, clearly, these recommendations cannot be separated, and therefore need to be considered as a whole.

Figure 1 gives an overview of the different interventions and recommendations, as they relate to the different ecological levels and challenges identified.

8.3.1 *Social support and stigma, and the need for a systemic-oriented approach*

Wartime sexual violence touches not only individuals, but also their families as well as entire communities. Psychosocial interventions should therefore make use of a systemic-oriented approach that aims to work on and integrate all these different parts of the social ecology (Stark & Wessells, 2011) in order to improve the psychosocial well-being in victims of sexual violence. Negative social reactions as well have a detrimental impact on the psychosocial well-

being of girls who are victims of sexual violence (Chapter Three). These negative social reactions account for a large part of the negative correlation between sexual violence and mental health, and therefore should be addressed as a key concern when providing psychosocial support. Research shows (Chapter Three, Six; Kelly et al., 2012) that stigmatization is often coming from family members, more than from peers and other community members.

Psychosocial support for individuals

Over the last years, the importance of providing specialized support to war-affected populations has gained increased attention. A handful studies described individual trauma-focused interventions (e.g., O'Callaghan et al., 2012), but, more recently, interventions directed to war-affected children in eastern Congo also seek to involve the community (O'Callaghan et al., 2014) or peers. One study has proven the effectiveness of group therapy for raped, young Congolese women in the Kivu region (Bass et al., 2013), showing the applicability of this type of intervention in conflict-ridden regions.

A systemic approach, although it is often associated with family therapy, holds many possibilities and large benefits when working with individuals (Boscolo, & Bertrando, 1996). This is also illustrated through the work of CCVS-RDC:

Through individual systemic therapy within the context of the psychosocial support centre of CCVS-RDC, the individual can be approached as an individual within a social ecology that holds resources and provides challenges. As such, the system is an inherent part of psychotherapeutic support, even when family or other community members are not present. The relationships with other members of the close or further social networks form part of the psychotherapeutic process, and are as such investigated as possible resources.

The same systemic-oriented approach inspires group therapy sessions in the CCVS-centre. In these group sessions, for example girls, who are victims of sexual violence, are invited for therapy sessions in which they receive therapeutic support, and are at the same time provided with the opportunity to provide and receive support from others. The therapeutic sessions echo the research findings in which young victims of sexual violence value the fact of being 'among girls who have similar experiences' and the way they can provide them with support (Chapter Six).

Psychosocial interventions with families

Qualitative findings show the importance of family support for victims of sexual violence (Chapter Six). How helpful support is conceptualized, whether emotional, material, informational or otherwise, seems to be different between victims. Research shows that victims of sexual violence identify the support of family members and partners as key protective factor against stigmatization by others (Chapter Six; Kelly et al., 2012). When they choose not to stigmatize their daughters or wives, it appears that others won't either, as such working as a kind of buffer.

CCVS-RDC has sought to include the families in all forms of psychotherapeutic support. Through systemic-oriented therapy, the family is encouraged and supported in creating an environment that promotes the psychosocial well-being of all members. The creation of such an environment in a sustainable way requires a long-term vision and follow-up, and sometimes months of intensive support. Through family interventions, CCVS has been able to deal with stigmatization in families and communities. Taking care of the psychologically well-being of the child requires the assessment of the intra-familial processes, the creation of awareness on the negative impact of the social reactions within the family, psycho-education on stigma and its consequences, and dealing with the psychological needs of the parents and other members of the family.

Community-based interventions

In the Ituri region, forced displacement and violent ethnic conflict have left their traces on many communities (Human Rights Watch, 2003). Above, community support structures that young victims of sexual violence need are shattered by war (Kelly et al., 2011). On top of that, stigmatization from community members is widely reported by victims of sexual violence (Chapter Three, Six).

Next to these findings, we also notice that intervention efforts in war-affected regions have increasingly shifted towards communities for a variety of reasons. Lack of funding and human resources have pushed organisations towards an approach that targets communities as a whole, rather than providing specialized care for a small proportion of society (Wessells, 2012). Sustainable community interventions are also increasingly used to strengthen the realm of communal resources and to revive the support systems that were once in place (Hobfoll et al., 2009; Inter-Agency Standing

Committee, 2007; Miller & Rasco, 2004; Wessells, 2012). Further, intertwined individual and social healing can only take place when communities are strengthened and social bonds retied. A large range of different arguments thus to focus on community-based interventions.

CCVS in Congo and Uganda have tried, from the beginning, to inform and include communities in the promotion of the psychosocial well-being of its members. The needs of the communities, which were also traumatized and touched by war, asked for a comprehensive approach that also supported community members. CCVS-RDC in this logic developed 'Community Therapy,' an intervention aiming to support intra- and inter-community mechanisms, which may promote psychosocial well-being and even, in the long run, prevent violence.

In a community project supported by the Trust Fund for Victims, CCVS went together with local partners into the communities in the Province Orientale to set up community therapy groups in which space is created for psychosocial support and dialogue. The community therapeutic approach invites members to share their difficulties – whichever they think is important, whether it relates to the war or to other daily hassles, and uses therapeutic techniques to facilitate a community dialogue in which community members help each other by giving advice, moral or emotional support or information. After a long process of implementing and re-adapting the techniques, results show that community therapy brings different people in the same communities closer together. It turns out to be a positive approach that invites community members to (re-)take up a dialogue of understanding, to support each other emotionally, and to use the available resources in the community. Examples of community members reconciling with neighbors, people opening up for help, different communities re-engaging in dialogue or people re-discovering available skills and resources through these dialogues of community therapy are myriad.

When aiming to deal with stigmatization and negative social reactions towards victims of sexual violence coming from the larger community, there is a need for a broad range of interventions directed at sociocultural beliefs and ideas. Socio-cultural gender roles form the backlight of sexual violence (DFID Gender Team, Policy division, 2011), and shine through in rape supportive beliefs and rape myths that are accepted in society (Brownmiller, 1975). They especially promote victim blaming behaviour, exonerating the

rapist, and attrition rates (e.g., Bohner et al., 2009; Frese et al., 2004; Lonsway & Fitzgerald, 2006; Stormo, Lang, & Stritzke, 1997). As such, they lead to negative social reactions from the environment towards the victim, and might subsequently refrain victims from disclosing rape, labelling it as such or seeking help. Research in eastern Congo has shown that rape supportive beliefs are highly prevalent, and accepted by both men and women (Chapter Two).

Such a situational analysis should form the basis of interventions aiming to promote social change (DFID, 2014). While factors like sociocultural ideas that can be found on the macrolevel of the ecological model are very important, and factors exert an influence on all other levels of the social ecology, rarely psychosocial interventions are directed at dealing with these macrolevel influences (Kohrt et al., 2008; Miller & Rasmussen, 2010).

However, our findings clearly call for a general approach when setting up interventions, not one only directed at men (e.g., Foubert, 2000; Schwartz & DeKeseredy, 1997), but on the general population. There is herein increasing consensus that programs dealing with rape supportive beliefs and norms should be directed at facilitating community-based solutions (Banyard, Plante, & Moynihan, 2004). Even though the need for qualitative prevention programs looking at sexual violence in warring setting is apparent, there seem to be few studies measuring the impact of these prevention campaigns (Hussain, Zimmerman, & Watts, 2014).

Next, sensitization campaigns through, amongst others, psycho-educative sessions in schools, in communities, in churches,... addressing particular parts of the psychosocial well-being of children and adolescents, and in particular minor victims of sexual violence. On a larger scale, also radio programmes are highly useful to address particular themes and inform the large population, especially in geographical areas where it is difficult to reach different communities and groups.

Above, in the realm of potential community-focused interventions, “bystander-education” has been suggested (Banyard et al., 2004, 2007). Embedded in a larger community context, “bystander-education” seeks to facilitate prosocial behaviour of bystanders, through moving away from victim blaming messages, while raising awareness on sexual violence and its consequences, promoting empathy, decreasing the ambiguity in situations, and making every member a potential ally to victims of sexual violence (Banyard et al., 2004). The “bystander-approach” involves everyone, convincing community members of the role they have to play. Above, they have been proven effective in changing attitudes, behaviour and knowledge

on sexual violence (Banyard et al., 2004, 2007). The 'Start by believing' campaign of End Violence Against Women International (EVAWI) is such a community-driven campaign that inspires individuals in the community to respond to victims. Re-constructing, from within the local population, the ideas on gender and violence can start from the young population in a warring setting, who has seemingly incorporated the socio-cultural gender norms that have been exacerbated by decades of violent war.

8.3.2 *A broader approach to sexual violence*

Research in both Western and non-Western contexts shows that a large proportion of rape experiences are not labeled as such (e.g., Chapter Three; Koss, 1989). The reasons hereto are very diverse, but lead to a more benign denomination of the sexual violence by its victims (Koss, 1989). We found this same tendency confirmed in victims of sexual violence in eastern Congo, where 63% of adolescent girl victims didn't label their experience as rape, even if it abided by all legal definitions of rape (Chapter Three). Above, the increase of sexual violent acts committed by civilians also urges for a much broader approach to sexual violence, whereby not only is focused on 'rape victims' only, and not solely on 'rape as weapon of war'.

Psychosocial support for individuals

In humanitarian settings, there is often excessive targeting of certain 'vulnerable groups'. The Paris Principles (UNICEF, 2007) have cautioned against this reaction. In the case of eastern Congo, billions of aid dollars have been allocated to help victims of wartime rape translated in numerous programs and projects (Smiths & Cruz, 2011). Since sexual violence has become the buzzword to attract funding, many local and international NGO's have put it central into their project proposals (Auteserre, 2012) and have incorporated it into their field work. While research indeed has shown the high mental health impact of sexual violence in eastern Congo (e.g., Chapter Two, Three; Johnson et al., 2011), excessive targeting of this particular population has led to more stigmatization. In the past, a similar situation was created when the focus on former child soldiers as sole victims of a war situation that destabilized and displaced the population of a whole region, eventually caused jealousy and reverse stigmatization from communities who had suffered from the same war (Wessells, 2009).

The initial funding allocated to the CCVS RDC psychosocial support centre in Bunia had originally equally been linked to a particular targeted approach of victims of sexual violence. Soon however, after multiple exchanges with other psychosocially involved local and international NGOs and experts, it became clear that excessive targeting of victims of sexual violence did not always serve them well as intended. Girls, victims of sexual violence, who were supported by NGOs experienced additional stigmatization, were dealing with more rejection, found it hard to re-adapt to the precarious living circumstances they were living in after getting used to the better ones they had experienced while supported by an NGO. Furthermore, all experts and humanitarian workers with experience in the field, were pointing out the needs of children, youths and adults – that did not qualify for any of these ‘targeted’ groups, but were as traumatized or vulnerable. Taking into account these circumstances and previous experiences, an integrative approach logically imposed itself on the CCVS support centre. Till date, CCVS is working with all war-affected children that are in need of psychosocial support, which means that the starting point of the intervention are children’s needs and not their background and/or experiences. This has raised the trust the communities have put in CCVS, and allowed them to reach out to children and youths in need of specific psychosocial support - victims of sexual violence included, often girls who ‘would have never come to a place that was “associated with sexual violence”, as stated by themselves.

Interventions for social change

Offering sustainable qualitative psychosocial care in a humanitarian context implies dealing with governmental and judiciary institutions. The way communities and individuals deal with and react to sexual violence, is informed by the larger societal framework that exists, and that is influenced by governmental and judiciary institutions. Existing gender norms and gendered violence are also inspired by legal frameworks, and, as is the case in Congo, the implementation of these legal standards. Only with the new, internationally inspired, law on sexual violence that was introduced in the legislation in 2006, different forms of sexual violence were described as violations against the law (DRC, 2006). As in many other domains of Congolese society, policy in legislative and governmental structures tends to develop far before practice (Marshall, 2010). However, the continuous obstacle on the implementation of recent legislation on sexual violence in eastern Congo is the exuberant impunity (Oury, 2008). The attrition rates are

staggeringly high, and most Congolese rape victims are discouraged to take legal action. Above, some sociocultural gender norms still inform people that certain forms of sexual violence (e.g., intimate partner violence) are ‘normal’ (Sonke Gender Justice Network, & Promundo, 2013).

Changing attitudes on gender equality and sexual violence implies involving institutions that influence these beliefs. On a governmental and judiciary level, certain initiatives have been taken to tackle the issue of sexual violence. In collaboration with the Congolese government, the UN created a Comprehensive Strategy to Fight Sexual Violence. This strategy covers five themes: security sector reform; prevention and protection; combating impunity; multi-sectorial assistance; and data and mapping (Freedman 2011). The collaboration between the UN mission and the national Congolese army (FARDC) seems far from easy, as the primary partner, the FARDC, is accountable for many cases of sexual violence in some regions (Solhjell, 2010).

At CCVS, we engage ourselves to foster the relationship with influential institutions in the humanitarian setting. This means that we involve and inform government institutions, international agencies, and judiciary institutes in both our research as practice interventions. As we organise yearly workshops for all stakeholders, including policy makers and security forces, our research findings – also on gender norms and beliefs on sexual violence – are disseminated and discussed, aiming to receive feedback and direction for further research and intervention that is adapted and accepted in the local context. Also, through intensive collaboration with judiciary institutions, like the child tribunal and youth prison, we are able to provide sensitization and consultancy to judiciary workers on, for example, how to recognize and deal with rape myths affecting the rate of attrition, and weighing down on a judiciary system that is already blamed for contributing to impunity.

8.3.3 Differentiated needs and the urge for individualized support

Victims of sexual violence have endured many other forms of *war-related violence* (chapter Three), on average even more than their peers who don’t report sexual violence. Indeed, girls who report rape, endure most war-related potentially traumatic experiences like abduction by an armed group, witnessing attacks or others being killed. Although young victims sometimes report similar traumatic experiences each victim of sexual violence comes with different psychosocial needs. Our study therefore has also shed light on

the subjectivity of the experience of rape and its consequences on different levels (Chapter Six).

Girl victims of sexual violence also clearly formulate large differences in the ways they *cope* with their difficulties, and how they deal with the resources at hand. Our study shows that the interplay of different factors like stigmatization and daily stressors calls for a flexibility in adopting coping strategies. In our qualitative study (Chapter Six), victims of sexual violence clearly express the need to tell their part of the story in the way that helps them and their wish to be listened to. The appropriation of meaning of girls affected by sexual violence should therefore be the starting point of a psychosocial support journey a psychosocial worker undertakes. This is a plea to listen to the ‘multifaceted’ story (Eriksson-Baaz & Stern, 2013), instead of selectively hearing the singular story of rape. Our qualitative study showed that girls themselves ask for an individual approach to intervention to facilitate their individual rehabilitation process (Chapter Six).

The one-size-fits-all approach, that inspires many humanitarian interventions, should make place for a tailor-made approach. When looking at psychosocial or psychotherapeutic support for individual victims, we should be inspired by the differences that come forward in many studies (Chapter Two, Three, Four, Five, Six). There are only few examples of projects that have taken women’s and girls’ experiences of sexual violence, their ideas on prevention, and their views on the causes and needed help, into consideration. While the rape story will impact these women’s emotional, physical, and social well-being in an important way, it is only “a” part of the whole story. It is therefore indispensable to listen to the ‘multifaceted’ story (Eriksson-Baaz & Stern, 2013), instead of selectively hearing the singular story of rape.

Psychosocial support for individuals

This individual approach needs to be the starting point of every supporting intervention for individuals. We illustrate with the CCVS case study:

In the case of the psychosocial support centers of CCVS, a lengthy process has preceded the approach we have developed (and are still developing today). As the children and youths who were referred to the CCVS centers of Bunia (DR Congo) and Lira (Uganda) presented an array of symptoms, experiences and difficulties, as well as resources and strengths, an approach that took them into account imposed itself. Nonetheless, the way clients presented

themselves to CCVS was often asking, even begging, for clear-cut advice on ways to (quickly) improve their lives and wipe out their psychological (and preferably also all other) problems. Although, the temptation to result to clear-cut one-size-fits-all answers and psychosocial protocols was sometimes calling, both research findings as the clinical practice convinced CCVS to develop an approach that takes into account the lived experiences of the children in a contextualized way. With teams of local psychologists, psychiatrists, social assistants and international trainers, CCVS was able to develop an approach that seeks to be both culturally adaptive as a sustainable in providing psychosocial support to war-affected children and youths. The systemic-oriented approach that inspires the work of CCVS is enthused with a collaborative therapeutic stance and solution-focused techniques that embrace the experiences as lived, interpreted, and narrated by the child, youth or family member (De Shazer et al., 2007; Lipchik, 2002; O'Connell, 2012; Saxe, Ellis, & Kaplow, 2011). Clinical work of CCVS-RDC repeatedly confirmed that children and youths are best fit to make sense of their story. They are 'experts' in the way they give meaning and make sense of their lives and the traumatic events they endured. As such, it might be that a girl who was raped, sexually enslaved or enlisted in an armed faction, will identify the murder of her father as the most devastating event in her life, and seeks help to deal with the psychological impact this event has on her. Through a systemic-oriented approach, we seek to look for resources that are meaningful and helpful for the individual. Inspired by solution-focused techniques, we tried to develop and adapt our support to the cultural realities in order to help children, youths and their families to identify and build on the own resources they have or can develop, within the individuals' social and spiritual network. For instance, one girl might find comfort in participating in church activities, while another girl might prefer playing soccer with friends as an important means to deal with stress. An individual psychotherapeutic approach adapted to the person's needs and resources enables psychosocial workers to build on what is available and thus to create sustainable systems of support and help girls draw on their own coping skills and resources to overcome present and future adversities. Notwithstanding the tailor-made approach that CCVS stands by, it is not a plea for solely individual interventions, on the contrary. Interventions can be directed at building on personal resources and dealing with personal difficulties while involving family members, peers and even community members.

Such an individualized approach also urges us to broaden our vision on the definition of sexual violence, and how individuals label their own experiences and its meaning.

Reaching girls who suffer from the psychological consequences of sexual violence, while they don't label it as rape or even report it to anybody, is an enormous challenge. Although some trauma-focused techniques plead to work on the traumatic narrative with which the child presents itself, a systemic approach seeks to open up the therapeutic space to let the child feel free to tell the story the way they want to. In this way many girls and boys that were supported by CCVS have come to disclose experiences of sexual violence that they did not label as rape because they thought it was normal, which creates an opportunity to deal with its consequences during a therapeutic process.

Psychosocial interventions with families

Our research findings called for an acknowledgment of the conceptualization of what 'helpful' family support entails for an individual and for the family. Family support has a positive impact on victims of sexual violence in a Western setting (e.g., Valentiner et al., 1996), while perceived emotional family support didn't seem to have any direct effect on most psychological symptoms in eastern Congolese adolescents (Chapter Five). Qualitative findings however brought important nuances to these findings to the fore. Family support is often been identified as a very important protective factor to victims of sexual violence and other war-affected child victims, like former child soldiers and refugees (e.g., Barenbaum et al., 2004; Derluyn et al., 2008; Ehntholt & Yule, 2006). The nature of the perception of this support is however very diverse. Interviews with victims of sexual violence clearly show that along with psychosocial support, also economic support is crucial in promoting their well-being (Kelly et al., 2012). Living in challenging economic circumstances on top of the 'loss of social-value' that accompanies sexual violence leaves victims with the challenges of taking care of their primary needs besides regaining social value. Support from family members can help to achieve these goals, but is not for everybody conceptualized as emotional support. When asked, most victims of sexual violence consider material or financial support most helpful. Social support that is equally considered helpful has usually no direct link with the traumatic events for example a parent reassuring them they "*can just start afresh*" or advising them to "*forget*

what happened and regain their lives to build a good future". Psychosocial intervention should therefore start from the conceptualization of social support by the victim herself, because it contains important information on the resources and needs of that particular youth.

A systemic-oriented approach that works with family and community members can help to build on qualitative and strengthened interpersonal relationships that are that constitute the basis for a system of care. As such, the family is the primary ecological level to work with and support *"to function at their best to help support the child's recovery"* (Saxe et al., 2011, p. 76). An important implication for intervention is hereto the implication of family members in the promotion of the psychosocial well-being of their children. Our research has shown that careful analysis on the ways family support can constitute a helpful factor for victims of sexual violence and other war-affected children to deal with adversity is a necessary prerequisite herein.

At CCVS, we recognized in both individual as family therapy that the war and daily stressful conditions children and youth live in has left its scars on the family support systems. The support offered by parents to their children did not always seem to 'fit' their needs. What was also apparently clear in most of the children that look for support at CCVS, is the burden parents and caregivers carry themselves. Psychological problems or traumatization in parents sometimes, unwillingly, hindered them to provide the emotional support their children needed. Also, in the work with families in which one of the members has been raped, we have encountered parents that struggle with their own trauma and guilt on the experience. Furthermore, many families showed unable to provide their children even with the bare minimum of care, for example food, clothing or medical support. Both parents and children live in difficult circumstances which makes it hard to find a supportive and emotionally sound common ground. Through extensive family therapy and the use of co-therapists that are able to bring both sides of the story into the therapeutic process, in order to create a supportive environment, we have made progress with many families. Recently, CCVS has set up a parent support groups in which parents from different backgrounds come together to advice each other, share their struggles and find inspiration to deal with all sorts of issues on parenting they face.

8.3.4 *Daily stressors and a holistic approach to address multilevel challenges*

Exposure to war-related potentially traumatic events has long been considered the main factor in assessing the mental health outcomes in war-affected youths (e.g., Pedersen, 2002). Daily stressful conditions were strongly associated with negative mental health outcomes in eastern Congolese girls who had been victims of sexual violence (Chapter Four). Practitioners have, as a consequence, developed trauma-focused techniques to deal with war trauma (e.g., Neuner, Catani, Ruf, Schauer, Schauer, & Elbert, 2008). Recently, however, a broader approach to psychosocial well-being of children and youth in armed conflict has been adopted, putting other factors like daily stressors at the center of the discussion (e.g., Miller & Rasmussen, 2010), which urged also practitioners to look beyond a so-called 'trauma-focused approach'. To facilitate recovery, interventions should target the stressful life conditions bearing down on the war-affected population and youths (Ager, Boothby, & Bremer, 2009; Betancourt & Williams, 2008; Boothby et al., 2006; Miller & Rasco, 2004).

More voices rise to bridge the divide between a clinically-focused and a psychosocial-focus, in order to bring sustainable care and change to war-affected youths and their families (Miller & Rasmussen, 2010). We describe the recommendations such a holistic, integrated approach entails on different levels.

Psychosocial support for individuals

Given the centrality of daily stressors in victims' lives, and its large impact onto their psychological well-being, we recommend interventions that address these daily stressors in a *holistic, integrated* way. On the one hand, psychological symptoms can impede concentration, strip someone from their hope for the future, or hinder someone in their daily functioning. It can be therefore understood, from a psychological point of view, why heavily traumatized youth, and their families, will have difficulties to fully seize the livelihood opportunities provided to them. On the other hand, mental health challenges can be prolonged or worsened by materially-related stressors. Therefore, the integrated combination of socio-economic and psychosocial support seems to be a stronger recipe for sustainable support, thus allowing youth to fully seize the economic opportunities they are offered as well as

enabling them to use the available personal and external resources. An example can be found with CCVS-Uganda, providing free counselling and psychotherapy services on request, as well as psycho-sensitization and psycho-education. This example illustrates how different forms of support can be combined through collaboration. It is important to note that the starting point of this approach implies working with partners who are specialized and have built expertise in a certain form of support. This goes beyond a common interpretation of holistic care where organizations try to offer 'everything at once' without necessarily building on expertise in every domain. Collaboration goes one step further and seeks to build capacity in the long-term, while combining different forms of care.

Since 2011, CCVS-Uganda is operating in post-war Northern Uganda, which had been struck by more than two decades of insurgencies, led by the Lord Resistance Army (LRA). After one year of psychotherapeutic work in the field, CCVS-Uganda decided to reach out to other, locally established NGO's providing socio-economic support to war-affected youth, to join forces in addressing the challenged youth and their caretakers. While CCVS had been successfully addressing psychosocial challenges experienced by youth and their caretakers, they were unable to address the more economic, material daily stressors their clients were often equally burdened by. These remaining stressors could over time jeopardize the complete recovery or cause a deterioration of the emotional well-being of CCVS' beneficiaries. The NGO's, who had been running socioeconomic programs for some time, were facing from their side difficulties in consolidating results of the socio-economic support provided. With youth dropping out of vocational training offered to them, or having difficulties putting the learned income-generating activities into practice, they had been realizing that other, unaddressed psychological factors could impede their target groups from making full use of the economic and training incentives offered. Through continuous collaboration and referral, CCVS and partners were able to offer holistic and tailor-made support to youth in need, by offering livelihood support and skills providing those in need with psychological follow-up and accompanying and coaching all beneficiaries. This collaboration allowed to reduce the impact of daily and economic stressors and to address the mental health challenges of those concerned, thus improving on the overall well-being of beneficiaries and success rate of all programs.

Psychosocial support for families

Related to this, when working with families, we need to pay attention to the daily stressors they are facing, and how stress related to these stressors imposes even more negative social reactions towards the member of family who was a victim of sexual violence. Therefore, when working with families in psychosocial support and psychotherapy, we need to look at how possibly first – or in parallel – other stressful living conditions need to be addressed, next to the necessary support to individual's and family's mental health.

Organizational support

Related to the recommendation mentioned above, in order to provide integrated and multi-sectorial support, it is necessary to set up a referral system and referral networks, in collaboration with other local organizations, and as much as possible also with local governments. In humanitarian settings, all too often adequate coordination is lacking between services offering support to victims of war. This sometimes leads to duplication (Douma & Hilhorst, 2011) or initiatives 'detached' from the contextual realities (Bosmans, 2007). Of course the lack of coordination is also informed by the competitiveness in obtaining funding, with donors scaling down (Boothby, 2008). More so many services try to offer 'a little bit of everything' within this holistic framework without necessarily having the expertise to provide quality support in every domain (Douma & Hilhorst, 2014).

CCVS has worked hard to set up intensive collaborations with local NGO's, educational institutes, international agencies, and government institutions. As an organization who values a systemic approach, CCVS recognizes that a holistic perspective on healing entails working with others. Driven by a particular expertise and mission, CCVS has opted to provide specialized psychosocial support, and only that, nonetheless acknowledging the necessity to combine this approach with other forms of support, like for example socio-economic, spiritual, etcetera, for which we need to collaborate with other agencies that are specialized in provision of these forms of care. A hiatus in the field is that in the larger eastern Congolese region professional psychiatric care is scarcely available. The needs for psychiatric support however are present in society and psychosocial workers are confronted with those needs on a daily basis.

We strongly stand by a suggestion to improve and intensify coordination and collaboration between different organizations. While the need for collaboration and coordination has been frequently reported and partially addressed by international agencies, the reality in the field is often different. The organization of workshops and round tables in which scientific research findings and intervention expertise can complement each other might further the development of culturally-adapted practices that tailor to the needs of all war-affected children and youths who are in need of psychosocial support.

8.3.5 The lack of specialized support and the need for training

Most victims of sexual violence or other war-related events cope and recover by themselves or with the help of informal support from people in their social environment or other forms of focused, non-specialized support or community building efforts (Wessells & Van Ommeren, 2008). However, a small proportion of victims of sexual violence is in need of specialized psychosocial support to deal with the mental health difficulties they face after the experience of sexual violence (Wessells & Van Ommeren, 2008). Our research results have found a high average of *psychological symptoms*, while a large variation in reported symptomatology among victims of sexual violence.

Organisational support

Looking at the Ituri region, where the CCVS RDC center is located, few psychologists have received extensive training to equip them to provide qualitative psychotherapeutic support for complex traumas (Mels, 2012). While the psychosocial workers themselves have been keen on receiving extensive and long-term training and follow-up, restricted funding both in terms of finances and time, have blocked NGOs from offering such trainings to their psychosocial team.

CCVS-DR Congo has developed, during the past four years, a training program that combines different modules addressing specialized psychosocial care. This in-depth training has been attended to by many psychosocial workers in the region. Each training module has been accompanied by intensive follow-up and refresher courses, as well as field visits with a supervisor. This whole training process has contributed in a considerable way to the capacity building within the organizations offering psychosocial services. Throughout the training, CCVS stresses the importance of a systemic approach, offering

tailor-made care to children and adolescents; but also providing care for the caregivers. CCVS has trained many local and international NGO's in offering psychosocial support to war-affected populations. As such, the center has been able to build the capacity of more psychosocial workers in the region, enabling them to provide qualitative psychosocial care to children and youth. CCVS remains also the last point of referral for these NGO's.

Secondly, funding of humanitarian and development interventions is strongly inspired by buzzwords and international current interest (e.g., Auteserre, 2012). Even though these particular focuses from international funders help raise large amounts of money, it is unfortunately also often short-term in nature. "Sexy" topics decided by international funders decide in advance on what the contents of project proposals should be in order to qualify for funding. However, these topics are not always in line with the needs on the ground.

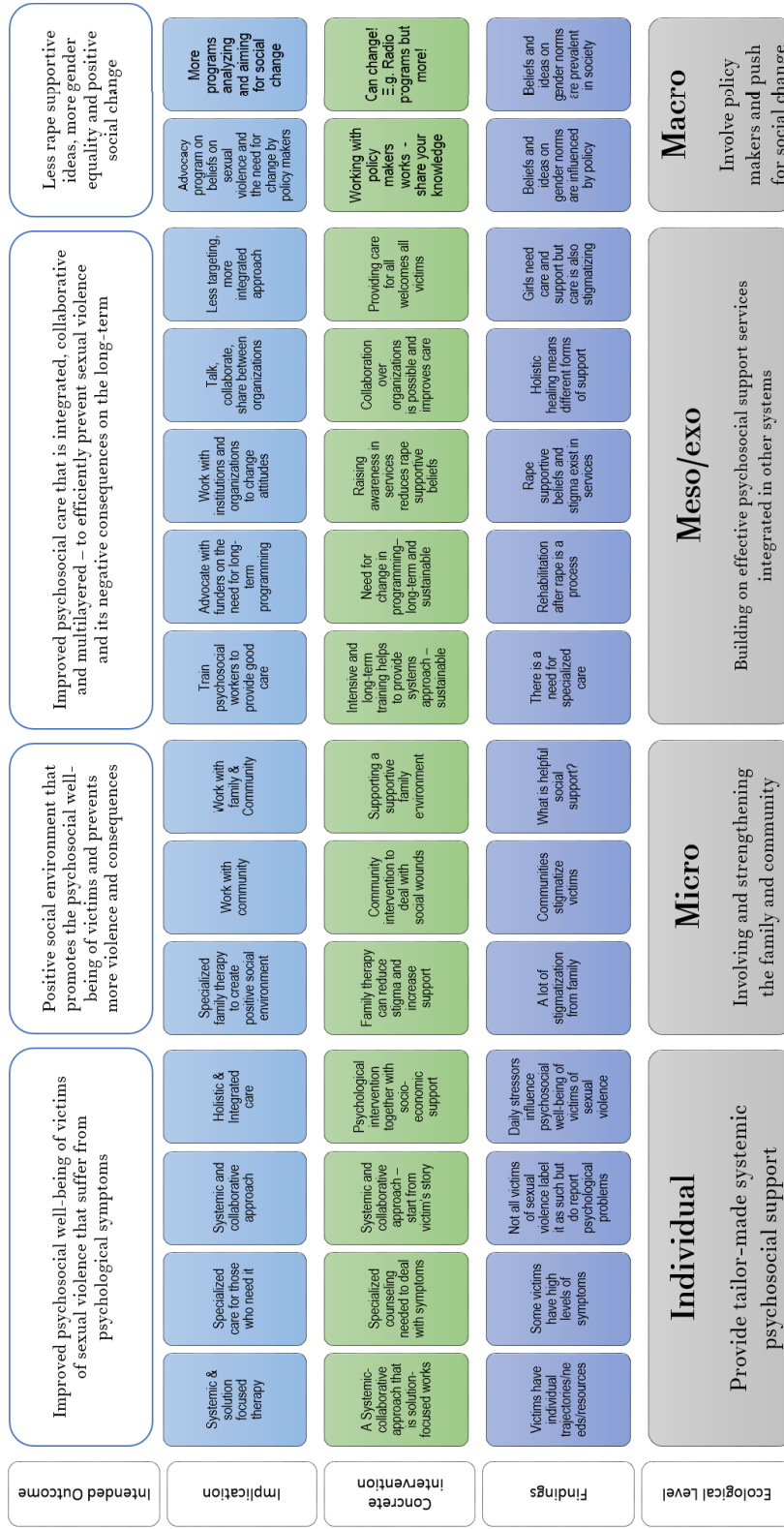
A long-term approach and commitment by whoever endeavors into providing mental health services is for us clearly a must. The specialized needs in war-affected children and youths ask for a long-term approach to facilitate long-term healing. Above, short-term approaches often lead to inconsistent and short-term interventions, which not only fail to address youths' long-lasting needs, but also lead to aid-fatigue in the populations involved.

As became apparently clear in contact with the local communities by the staff of CCVS-Uganda, people in communities admitted that they had seen too many "brief case" organizations (= 'They come once and you see them never ever again'), and had been too often disappointed or abandoned in the past to trust newcomers anywhere soon. Especially for mental health and emotional matters, people would not open up easily to anybody before having been convinced of the trustworthiness and permanent support. The psychosocial needs of war-affected children and victims of sexual violence are very clear (Chapter Three, Four, Five), and even more so in this period of nor-war-nor-peace as the reported psychological symptoms are even higher than a few years back (Mels, Derluyn, Broekaert, & Rosseel, 2010). Nonetheless, it is often not the first priority of policy makers, humanitarians, and even community members. Looking at CCVS offering support to children and youths in war-affected regions like Northern Uganda and Congo, It took months up to a year for our psychosocial professionals to receive requests for assistance that were beyond the usually "disguised" material requests. With the array of material difficulties these children face (Chapter Four, Mels et al.,

2010) up to a point where they are struggling to survive on a daily basis (Chapter Four), psychosocial support is often not the priority when asking for support, even when it's available. As mentioned before, the time when psychosocial support is provided, and children experience how this support helps them when dealing with other difficulties they face, they are convinced and convince others of the merit of psychosocial support.

8.4 Conclusion

An ecological investigation of the impact of sexual violence on the psychosocial well-being of victims of sexual violence has led to the identification of different risk and protective factors. The combination of these research findings with illustrations of experiences from clinical practice enabled us to formulate a series of implications and recommendations towards practices, aiming at supporting the well-being of young victims of sexual violence – and in extension all affected youths – in warring contexts, such as eastern Congo. Overall, these implications urge for a systemic-oriented approach in which interventions are put into place on all entwined levels of the ecological model.



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Samenvatting



In het Oosten van de Democratische Republiek Congo (hierna vermeld als 'Congo') woedt al decennia lang een extreem gewelddadige oorlog. Na de Rwandese genocide in 1994 stroomden miljoenen vluchtelingen de Oostelijke delen van Congo binnen. De combinatie van lokale spanningen, etnisch geweld, het ontstaan van gewapende groeperingen die macht wilden krijgen en een machtsstrijd over minerale bronnen in het gebied zorgde ervoor dat het conflict uitmondde in een oorlog waar tal van buurlanden bij betrokken waren. Deze oorlog, ook wel Afrika's wereldoorlog genoemd, ontwikkelde zich tot een complex kluwen van gewelddaden en oorlogen, waarbij negen Afrikaanse landen militair betrokken waren en lokaal tot vijftig militaire groepen gevormd werden. Deze brutale oorlog is helaas een typevoorbeeld van hedendaagse oorlogsvoering, waarbij een complex van economische, sociale en politieke belangen resulteert in een conflict dat eerst en vooral de lokale bevolking treft. Hoewel meerder pogingen werden ondernomen om vrede in Oost-Congo te bewerkstelligen door het ondertekenen van verschillende vredesakkoorden, de inschakeling van de grootste VN-vredesmacht ter wereld en het opzetten van democratische verkiezingen, blijft de situatie er nog steeds één van 'noch-vrede-noch-oorlog', in het bijzonder voor de lokale bevolking. Het conflict heeft ondertussen al het leven gekost aan meer dan vijf miljoen mensen; de meerderheid daarvan zijn vrouwen en kinderen. Daarnaast wordt het conflict gekenmerkt door het gebruik van strategieën van meedogenloos geweld tegen de bevolking, zoals massamoorden, het gebruik van kindsoldaten en het plunderen van dorpen. Dit geweld leverde Congolese gewapende leiders al meerdere aanklachten op door het International Strafhof in Den Haag voor misdaden tegen de menselijkheid.

De vorm van geweld die het gewapend conflict in Oost-Congo misschien nog het meest 'berucht' maakt, is het wijdverspreide gebruik van seksueel geweld. De omvang hiervan is moeilijk exact te becijferen omdat er weinig grootschalige studies beschikbaar zijn. Desalniettemin is het meer dan duidelijk dat seksueel geweld op grote schaal gebruikt werd en wordt en zo honderdduizenden vrouwen tot slachtoffer maakte.

Het strategische gebruik van seksueel geweld als oorlogswapen kreeg de laatste jaren almaar meer aandacht in de internationale pers. Oost-Congo kwam zo weer even in het middelpunt van de mediabelangstelling te staan, die werd aangetrokken door een sterk verhaal over 'seksueel geweld als oorlogswapen'. Hoewel het seksueel geweld door gewapende milities meedogenloos en wijdverspreid slachtoffers maakte, zette de schijnwerper die op de slachtoffers werd gezet net een heleboel anderen vormen van seksueel geweld weer even in de schaduw. Recente studies tonen immers aan

dat seksueel geweld steeds meer gepleegd wordt door burgers en dat er ook meer en meer kinderen en adolescenten het slachtoffer van worden.

Uit onderzoek blijkt dat seksueel geweld verregaande gevolgen heeft, zowel op fysiek, psychologisch, economisch als sociaal vlak. Maar naast de impact op het individu heeft seksueel geweld in Oost-Congo ook een grote invloed op het sociale weefsel.

Hoewel de prevalentie van seksueel geweld en de impact van haar ingrijpende gevolgen in de Oost-Congolese regio's erg hoog wordt geschat, zijn er slechts een handvol studies die systematisch de psychologische gevolgen bestuderen. Daarenboven focust het gros van de onderzoeksinspanning nog steeds op volwassen slachtoffers van seksueel geweld, terwijl een toenemend aantal studies wijst op het belang van onderzoek naar het groeiende seksueel geweld bij kinderen en adolescenten. Adolescente slachtoffers van seksueel geweld lopen meer risico om op lange termijn psychologische problemen of risicogedrag te vertonen, dan wel slachtoffer te worden van revictimisatie. Daarnaast illustreert menige studie in de regio de internationaal eerder enge aandachtsfocus voor 'seksueel geweld als oorlogswapen'. Net als bij (praktijk)interventies wordt slechts beperkt aandacht besteed aan andere vormen van seksueel geweld die niet op de frontlijn plaatsvinden, maar evenzeer veel slachtoffers maken in de oorlogscontext. Eén van de oorzaken hiervan is wellicht dat slachtoffers datgene wat hen is overkomen zelf niet als verkrachting gaan benoemen omwille van de angst om gestigmatiseerd te worden of omdat ze zich conformeren aan dominante socioculturele definities rond seksueel geweld. Hoewel seksueel geweld is ingebed in een socioculturele realiteit die vorm gegeven wordt door bestaande ideeën rond seksueel geweld en zijn slachtoffers, worden deze opvattingen zelden in beschouwing genomen bij onderzoek naar seksueel geweld. Rekening houdend met de huidige wetenschappelijke stromingen en empirische onderzoeksbevindingen dringt een breder georiënteerd kader dat toestaat de invloed van enkele risico- en protectieve factoren op het psychosociaal welzijn van adolescente slachtoffers in kaart te brengen, zich op.

Recente theoretische ontwikkelingen in de analyse van de psychologische gevolgen van seksueel geweld worden geïnspireerd vanuit een ecologische benadering (Campbell, Dworkin & Cabral, 2009). Deze benadering vertrekt vanuit de idee dat een individu deel uitmaakt van een groter sociaal-ecologisch geheel dat telkens in beschouwing moet worden genomen. Zo gaat men er van uit dat een individu beïnvloed wordt door verschillende factoren die zich in de sociale systemen rondom hem of haar bevinden. Het model van Campbell en collega's (2009), dat de fundering van het voorliggend

doctoraatsonderzoek uitmaakt, biedt een kader om de invloed van verscheidene factoren binnen een individu, het microsysteem (familie en vrienden), het meso/exo-systeem (formele steun) en het macrosysteem (socioculturele attitudes) te onderzoeken. Zo vertrekt het onderzoeksopzet vanuit een perspectief dat psychologische symptomen bekijkt binnen een breder kader van psychosociaal welzijn, waar er naast biologische factoren ook sociale factoren in beeld worden gebracht. Vanuit een recente wetenschappelijk traditie binnen onderzoek naar de psychologische gevolgen van oorlogsgeweld op kinderen en jongeren wordt een gelijkaardig ecologische kader gehanteerd. Hierbij worden factoren als dagelijkse stressvolle condities, die vaak gecreëerd of versterkt worden door oorlog en zijn gevolgen, geïdentificeerd als een belangrijke beïnvloedende factor voor het psychosociaal welzijn van kinderen en jongeren die getroffen zijn door oorlogsgeweld. Het in kaart brengen van factoren die een invloed uitoefenen op het individueel welzijn vanuit verschillende ecologische systemen opent nieuwe mogelijkheden om de vaak grote verschillen in psychologische symptomen na seksueel geweld beter te begrijpen en te verklaren.

De centrale doelstelling van het voorliggende doctoraatsonderzoek is het genereren van een genuanceerder inzicht in de impact van seksueel geweld op het psychosociaal welzijn van adolescente slachtoffers. Vanuit een ecologisch kader wordt hierbij vooral een verbreding van de kennis over de invloed van bepaalde risico- en protectieve factoren op verschillende ecologische niveaus beoogd. Zodoende poogt dit onderzoek tegemoet te komen aan enkele leemtes in de beschikbare wetenschappelijke literatuur. Vooreerst wordt vanuit een contextgericht en cultuursensitief perspectief de vraag opgeworpen hoe seksueel geweld en zijn gevolgen gepercipieerd worden door de bevolking. Deze ideeën en opvattingen helpen immers een sociaal-culturele realiteit te schetsen die de achtergrond vormt van waaruit slachtoffers gepercipieerd worden door hun omgeving. Verder wordt er vanuit een contextuele en ecologische benadering op aangestuurd om de complexe invloed van uiteenlopende risico- en protectieve factoren op het psychosociaal welzijn van jonge slachtoffers te onderzoeken. Teneinde een diepgaand antwoord te bieden op de invloed van verschillende factoren op de psychologische gevolgen van seksueel geweld wordt vervolgens verder ingegaan op de manier waarop slachtoffers zelf de ervaring van seksueel geweld en zijn gevolgen op hun psychosociaal welzijn beschrijven. Ten slotte tracht dit onderzoek de resultaten te vertalen in enkele implicaties voor pedagogische en psychologische praktijk. Deze inzet wordt geconcretiseerd in de volgende onderzoeksvragen:

1. Wat zijn de bestaande 'rape myths' en andere ideeën die verkrachting ondersteunen in Oost-Congo en hoe worden ze door de bevolking aanvaard? (hoofdstuk twee)
2. Wat is de impact van seksueel geweld op het psychosociaal welzijn van adolescente Oost-Congolese meisjes? Op welke manier beïnvloedt het labelen van seksueel geweld de psychologische gevolgen van dit geweld? (hoofdstuk vier)
3. Wat is de invloed van risicofactoren (bv. stigmatisatie, dagelijkse stressoren en oorlogsgelateerde traumatische ervaringen) op het psychosociaal welzijn van adolescente slachtoffers van seksueel geweld? (hoofdstukken drie en vier)
4. Wat is de invloed van protectieve factoren (bv. coping en sociale steun) op het psychosociaal welzijn van adolescente slachtoffers van seksueel geweld? (hoofdstuk vijf)
5. Hoe geven adolescente meisjes betekenis aan de psychologische en sociale gevolgen van seksueel geweld en hun leven? (hoofdstuk zes)
6. Wat zijn de implicaties van deze onderzoeksbevindingen voor de klinisch-psychologische en pedagogische praktijk en preventie? (hoofdstuk acht)

Het onderzoek werd gevoerd in de Ituri regio die deel uitmaakt van de Oost-Congolese Province Orientale. Dit district kent binnen de turbulente geschiedenis van de Oost-Congolese regio een bijkomend gewelddadig hoofdstuk. Tussen 1999 en 2007 woedde er een gewelddadig etnisch conflict dat de regio de naam 'de bloedigste uithoek van Congo' opleverde. Tijdens dit conflict werden allerlei schendingen van de mensenrechten gerapporteerd, waaronder massamoorden, het rekruteren van kindsoldaten, kannibalisme, ontvoeringen en verkrachtingen.

Om de psychologische impact van seksueel geweld op adolescente slachtoffers in deze regio te begrijpen vanuit een ecologisch kader combineert dit onderzoek kwalitatieve en kwantitatieve onderzoeksmethoden. Telkens staat daarbij het psychosociaal welzijn van de adolescente slachtoffers centraal.

De **eerste studie** heeft tot doel inzicht te verwerven in de bestaande ideeën over seksueel geweld binnen de lokale gemeenschappen. Daartoe gebruiken we het begrip "rape myths". Rape myths zijn breed gedragen ideeën waarbij de schuld voor het seksueel geweld voornamelijk bij het slachtoffer gelegd wordt en het aandeel van de dader geminimaliseerd wordt. Deze eerste studie behelst een combinatie van zowel kwalitatief als kwantitatief

onderzoek met als doel de acceptatie van cultuurspecifieke rape myths te bestuderen. Verder worden ook de gepercipieerde oorzaken van seksueel geweld bij de bevolking bevraagd (hoofdstuk twee). Ter exploratie van rape myths die relevant zijn voor de specifieke context van Oost-Congo werd een voorstudie georganiseerd. Daarbij werd de procedure van Mels en collega's (2010) gevolgd, die toelaat om reeds bestaande vragenlijsten cultureel aan te passen. Interviews en focusgroepen werden georganiseerd om lokale rape myths te inventariseren. 66 participanten met een uiteenlopende leeftijd en sociaal-economische achtergrond namen deel aan negen gemengde focusgroepen. Daarnaast werden acht diepte-interviews georganiseerd met sleutelfiguren. Tijdens deze voorstudie stond de vraag *“Wat zijn de bestaande ideeën rond verkrachting, de slachtoffers en de daders in Oost-Congo?”* centraal. Een bestaande vragenlijst die de aanvaarding van rape myths nagaat werd aan de hand van de kwalitatieve resultaten van de voorstudie aangepast en aangevuld met de specifieke lokale rape myths. Vervolgens werd de vragenlijst afgenomen bij een gestratificeerde steekproef van 409 mensen in scholen en kerken in de regio in en rond Bunia, de hoofdstad van Ituri. Descriptieve en ANOVA analyses werden toegepast om de verschillen tussen groepen (mannen/vrouwen, minderjarigen/volwassenen) na te gaan. Met een lineair mixed-effects model werd de aanvaarding van de verschillende rape myths geanalyseerd. De antwoorden op de open vragen werden geanalyseerd en gecategoriseerd met behulp van een team van Congolese psychosociaal werkers.

De **tweede studie** bestaat uit een grootschalig kwantitatief onderzoek dat inzicht wil verschaffen in de rol van verschillende factoren die het psychosociaal welzijn van adolescente slachtoffers van seksueel geweld beïnvloeden. De factoren die in deze studie werden nagegaan zijn oorlogsgelateerde traumatische ervaringen, dagelijkse stressoren, stigmatisatie, de labeling van het seksueel geweld, vermijdende coping en familiale steun. De afhankelijke variabelen die werden onderzocht zijn psychologische problemen (meer bepaald gaat het om post-traumatische stress symptomen zoals vermijding, hyperarousal en intrusie), depressie en angst. Binnen dit cross-sectionele studiedesign werd een gestratificeerde steekproef van 1305 adolescente meisjes bevraagd via zelfrapporteringsinstrumenten over de verscheidene factoren. Uitgebreide statistische analyses werden uitgevoerd om de prevalentie, associaties en de invloed van risico- en protectieve factoren na te gaan. De ad random steekproef van schoolgaande adolescente meisjes in deze studie maakt het mogelijk om een vergelijking te maken tussen meisjes die seksueel geweld rapporteren en zij die dat niet doen. Een eerste statistische mediatie-analyse werd uitgevoerd om de rol van stigma op het psychosociaal welzijn van

adolescente slachtoffers na te gaan (hoofdstuk drie). Verder werden andere risicofactoren zoals dagelijkse stressoren en oorlogsgelateerde traumatische ervaringen geanalyseerd in het licht van de psychologische impact van seksueel geweld. Hierbij werd binnen de ANCOVA-analyses ook rekening gehouden met de invloed van het al dan niet labelen van seksueel geweld als verkrachting (hoofdstuk vier). Vervolgens werd een combinatie van statistische analyses gebruikt om de impact van potentieel protectieve factoren zoals familiale steun en coping na te gaan op psychologische symptomen, in casu post-traumatische stress symptomen, angst en depressie (hoofdstuk vijf).

De **derde studie** bouwt verder op de inzichten in de rol van verschillende factoren op het psychosociaal welzijn van adolescente slachtoffers van seksueel geweld in een oorlogscontext die in de tweede studie werden verschaft. De aandacht gaat daarbij uit naar een meer verregaande exploratie van de individuele ervaringen van slachtoffers. In een kwalitatieve studie met 27 slachtoffers van seksueel geweld werden diepte-interviews afgenomen. Deze interviews creëren vooral mogelijkheden om de meisjes zelf te laten vertellen hoe ze seksueel geweld en de impact ervan ervaren hebben. Zo werd er expliciet ruimte gemaakt voor kennisverruiming vanuit de vraag hoe meisjes zelf betekenis geven aan de ervaring van seksueel geweld en aan hun psychosociaal welzijn.

Met deze drie studies biedt dit doctoraatsonderzoek inzicht in het psychosociaal welzijn van slachtoffers van seksueel geweld in Oost-Congo. Het mixed-methods design resulteert in de volgende conclusies.

De tweede en derde studie tonen aan dat adolescente slachtoffers van seksueel geweld in Oost-Congo een grote psychologische last meedragen. Uit de kwantitatieve data blijkt dat slachtoffers van seksueel geweld significant meer post-traumatische symptomen en meer angst- en depressie symptomen rapporteren dan hun leeftijdsgenoten. Wanneer er een onderscheid gemaakt wordt tussen meisjes die verkrachting rapporteren in de vragenlijsten of meisjes die seksueel geweld rapporteren maar het niet als verkrachting labelen of benoemen, zien we dat beide groepen erg hoog scoren op alle gemeten **psychologische symptomen**. Ook de kwalitatieve derde studie van dit doctoraatsonderzoek bevestigt deze bevinding. Jonge slachtoffers van seksueel geweld ervaren veel psychologische problemen, die hen vaak ook hinderen in hun functioneren.

Opvallend is de bevinding dat meisjes die seksueel geweld rapporteren zonder dit zelf als verkrachting te benoemen, nog meer post-traumatische stress symptomen rapporteren dan meisjes die hun ervaring van seksueel geweld wel zelf als verkrachting benoemen.

Aansluitend levert de tweede studie bijkomende inzichten op over de invloed van enkele risico- en protectieve factoren op het psychosociaal welzijn van slachtoffers van seksueel geweld in Oost-Congo. Deze factoren kunnen gesitueerd worden op de verschillende sociale lagen van het ecologische model.

Ten eerste tonen de analyses van de grootschalige kwantitatieve studie aan dat **dagelijkse stressoren** een grote impact hebben op de psychologische symptomen die adolescente meisjes in Oost-Congo ervaren. Slachtoffers van seksueel geweld rapporteren significant meer dagelijkse stressoren dan hun leeftijdsgenoten. Binnen deze groep zijn het vooral slachtoffers van verkrachting die te kampen hebben met erg veel dagelijkse stressoren. Voor alle groepen adolescente meisjes in deze studie zijn meer dagelijkse stressoren geassocieerd met meer psychologische problemen. Voor meisjes die verkrachting rapporteren echter blijkt het niveau van dagelijkse stressoren het minst hun psychologische problemen te verklaren. Dit kan erop wijzen dat de verkrachting op zich al leidt tot zulke hoge niveaus van psychologische problemen dat ze minder kwetsbaar zijn voor een toegevoegde last van dagelijkse stressoren. De derde studie versterkt de bevindingen van deze eerste studie in de zin dat slachtoffers van seksueel geweld dagelijkse stressoren ervaren als het '*knooppunt*' van hun problemen. De verhalen van de jonge meisjes schetsen een beeld van de preciaire omstandigheden waarin ze elke dag leven en overleven. Het zijn ook die omstandigheden waardoor ze soms allerlei primaire noden zoals eten, medische zorg, huisvesting of onderwijs, ontberen die een sterke impact hebben op hun psychosociaal welzijn.

De kwantitatieve data in de tweede studie tonen duidelijk aan dat alle adolescente meisjes in Oost-Congo **traumatische ervaringen** rapporteren binnen de oorlogscontext. Deze vaststelling bevestigt dat seksueel geweld niet voorkomt in isolement, maar sterk ingebed is in een context van geweld ten gevolge of gelieerd aan oorlog. Meisjes die aangeven dat ze verkracht werden, vormen ook de groep die het hoogste aantal andere traumatische ervaringen rapporteert in onze studie. Slachtoffers van seksueel geweld zijn bovendien vaker slachtoffer van andere oorlogsgerelateerde ervaringen, zoals ontvoerd worden (om als kindsoldaat ingezet te worden), aangevallen worden, getuige zijn van moord of verkrachting, enzovoort. Ten slotte zien we dat meisjes die slachtoffer zijn van seksueel geweld maar dit niet labelen als verkrachting weliswaar minder oorlogsgerelateerde ervaringen rapporteren, doch nog steeds meer dan meisjes die nooit seksueel geweld meemaakten.

In de tweede studie wordt verder ingegaan op een derde factor die het psychosociaal welzijn van adolescente slachtoffers van seksueel geweld beïnvloedt, met name **stigmatisatie**. Zoals eerder aangegeven zijn negatieve sociale reacties tegenover slachtoffers van seksueel geweld wijdverspreid in Oost-Congo. De studies van dit onderzoek onderschrijven deze bevindingen. Slachtoffers van verkrachting rapporteren heel wat stigmatiserende reacties vanuit hun omgeving. De mediatie-analyse die in het derde hoofdstuk beschreven staat, toont aan dat deze stigmatiserende reacties een sterke impact hebben op het psychosociaal welzijn van de adolescente slachtoffers. Het aantal gerapporteerde ervaringen van stigmatisatie bij slachtoffers van seksueel geweld verklaart zelfs voor een groot deel de gerapporteerde post-traumatische stresssymptomen en de symptomen van depressie. De kwalitatieve bevindingen rond stigmatisatie bevestigen de diepgaande invloed van stigma op het psychosociaal welzijn van de adolescente meisjes.

Het feit dat stigmatisatie een dergelijk grote en bepalende rol speelt in de prevalentie van psychologische problemen van jonge slachtoffers van seksueel geweld kan gelinkt zijn aan het bestaan van socioculturele normen rond gender. Seksueel geweld is sterk ingebed in een sociocultureel kader dat ideeën en overtuigingen rond seksueel geweld, slachtoffers en daders beïnvloedt. De eerste studie van dit doctoraatsonderzoek suggereert daaromtrent enkele interessante inzichten. Uit deze mixed-methods studie blijkt dat **rape myths** alomtegenwoordig zijn in de Oost-Congolese samenleving. Congolese participanten bevestigen op de eerste plaats hun aanname van stellingen die beweren dat het slachtoffer aan de basis ligt van seksueel geweld. De provocerende kledij van meisjes wordt door zowel mannen als vrouwen als de belangrijkste oorzaak gezien van seksueel geweld. Daarnaast blijkt ook dat vele participanten het eens zijn met andere rape myths die de rol van de verkrachter minimaliseren of de verkrachting afdoen als een onbelangrijk feit. Zo zijn participanten het gemiddeld gezien eerder eens met stellingen als *“als een vrouw dronken is, is ze minstens deels verantwoordelijk voor de verkrachting”*, *“mannen hebben niet de bedoeling om een vrouw te dwingen tot seks maar verliezen zich soms in de seksuele aantrekking”*. Hoewel studies aantonen dat rape myths wereldwijd bestaan, blijkt hun brede gedragenheid in Oost-Congo proportioneel zeer hoog te liggen in vergelijking met andere samenlevingen. Daarenboven blijkt dat rape myths evenveel aanvaard worden door mannen als door vrouwen, terwijl in ander onderzoek mannen meestal hoger scoren. We werpen hierbij de functionaliteit van rape myths op als een mogelijke aanleiding voor de afwezige genderverschillen in onze resultaten. Zoals uit onderzoek blijkt hebben rape myths immers een psychologische functionaliteit, namelijk de illusie behouden dat verkrachting niet elke vrouw op elk moment kan

overkomen. De hoge acceptatie van rape myths door Congolese vrouwen kan wijzen op de noodzakelijkheid om cognitief om te gaan met de onzekerheid van het (bijna permanente) gevaar van verkrachting. Een volgende opvallende bevinding is dat rape myths veel sterker aanvaard worden door minderjarigen dan door meerderjarigen. Minderjarigen zijn het er vaker mee eens dat het slachtoffer de schuldige en de oorzaak van de verkrachting is en de dader slecht een beperkte of geen verantwoordelijkheid draagt. Deze beschuldigende mythes hebben mogelijks een bepalende invloed op de negatieve sociale reacties tegenover slachtoffers van seksueel geweld en zouden aldus direct of indirect het psychosociaal welzijn van slachtoffers kunnen beïnvloeden.

De bevindingen rond stigmatisatie en de negatieve sociale reacties tegenover slachtoffers van seksueel geweld brengen ons bij het concept familiale steun. Zoals blijkt uit dit doctoraatsonderzoek hebben slachtoffers van seksueel geweld het meest stigma te verduren van hun familie. Zowel kwalitatieve als kwantitatieve data tonen aan dat stigma vanuit de eigen familie erg vaak wordt gerapporteerd. Daarnaast brengt de derde studie een belangrijke en hoopvolle nuance aan het licht. Hoewel de familie al te vaak de grootste bron blijkt van stigmatisatie, ligt er in deze familiale context ook het beloftevolle potentieel om een buffer te vormen voor stigmatisatie tegenover de bredere gemeenschap. Zo getuigen slachtoffers van seksueel geweld dat wanneer familieleden hen steunen en niet stigmatiseren, deze ondersteuning meteen ook een compenserend tegengewicht vormt voor de stigmatisatie door anderen. Daarnaast verduidelijkt de derde studie dat slachtoffers van seksueel geweld minder **familiale steun** zeggen te ontvangen dan hun leeftijdsgenoten. Hoewel familiale steun in andere studies vaak wordt geïdentificeerd als een protectieve factor die de psychologische gevolgen van seksueel geweld verzacht, levert dit onderzoek andere bevindingen op. Bij adolescente meisjes die geen seksueel geweld rapporteren, heeft familiale steun een zwakke protectieve functie voor symptomen van depressie. Bij slachtoffers van seksueel geweld daarentegen blijkt die familiale steun geen bescherming te bieden tegen psychologische symptomen. Meer nog; veel familiale steun blijkt in combinatie met hoge niveaus van stigmatisatie of dagelijkse stressoren zelfs een negatieve impact te hebben. Deze toch wel opvallende bevindingen roepen enkele vragen op. Het is namelijk mogelijk dat de meting van familiale steun, die vooral emotionele steun meet, een cultureel aangepaste invulling vraagt. Zo blijkt uit de derde studie dat nuttige en zelfs liefdevolle familiale steun vaak wordt geformuleerd in termen van financiële of materiële steun. Daarenboven wordt nuttige emotionele steun vaker gekaderd binnen een ondersteuning die niet noodzakelijk aanstuurt op een 'praten over het trauma of probleem' maar een aanmoediging om 'verder

te gaan' en 'niet bij de pakken te blijven zitten'. Daarnaast zou het mogelijk zijn dat de gedeelde last van oorlogsgeweld niet enkel het slachtoffer maar iedereen in de omgeving treft, wat het delen van problemen en steun verlenen daardoor verzwaart en minder helpend maakt.

Deze laatste bevinding sluit aan bij het onderzoek dat focust op de impact van het gebruik van **vermijdende copingstrategieën** in de nasleep van seksueel geweld. De kwantitatieve data van de derde studie wijzen op de negatieve impact van vermijdende copingstrategieën bij adolescente meisjes die geen seksueel geweld rapporteren. Bij slachtoffers van seksueel geweld daarentegen zijn de bevindingen complexer. De cross-sectionele grootschalige studie suggereert dat vermijdende coping in sommige gevallen toch een protectief effect kan hebben. Wanneer we specifiek kijken naar slachtoffers van seksueel geweld die daarenboven erg veel ervaringen van stigmatisatie rapporteren, merken we dat een hoger niveau van vermijdende coping voor hen leidt tot minder post-traumatische stresssymptomen. Dit protectieve effect van vermijdende copingstrategieën kan erop wijzen dat meer stigmatisatie inderdaad leidt tot een re-traumatisatie van de slachtoffers van seksueel geweld. Onderzoek heeft immers aangetoond dat vermijdende coping 'adaptief' kan zijn tijdens of net na het trauma, aangezien het op dat moment een goede manier kan zijn om om te gaan met de overweldigende emoties van traumatisering. Een herinterpretatie van de bevindingen rond familiale steun in het licht van deze hypothesen kan insinueren dat een stijging in emotionele en benaderende familiale steun bij hoge levels van stigma bemoeilijkend werkt voor het kunnen opnemen van vermijdende copingstrategieën, die op zich, kort na het gebeuren, een protectief effect hebben op de psychologische symptomen van slachtoffers van seksueel geweld.

Verder wijst het onderzoek in de derde studie op enkele bijkomende elementen die van belang lijken om de impact van seksueel geweld op adolescente meisjes beter te begrijpen. De kwalitatieve data suggereren dat de maatschappelijke betekenis die aan seksueel geweld gegeven wordt een grote impact heeft op hun psychosociaal welzijn. Meisjes getuigen hoe ze zich 'waardeloos' of 'anders dan de anderen' voelen. Het onderzoek toont aan hoe de sociale, psychologische en biologische betekenis van seksueel geweld een onlosmakelijk geheel vormen, wat het dragen van de gevolgen soms erg moeilijk maakt voor de slachtoffers. De impact van seksueel geweld op deze jonge meisjes beperkt zich niet tot de concrete ervaring van deze gebeurtenis(sen), maar laat zich voelen op alle levensdomeinen. Vanuit het begrip 'embodiment' dat gebruikt wordt als een inspirerend theoretisch referentiekader om de betekenisgeving van de adolescente slachtoffers beter

te begrijpen, kan zowel de subjectieve als de intersubjectieve dimensie van de ervaring van seksueel geweld worden belicht. Seksueel geweld benaderen vanuit **subjectiviteit** verduidelijkt dat de ervaring van seksueel geweld voor elk slachtoffer een andere betekenis kan krijgen. Verdergaand is 'slachtoffer-zijn' hooguit 'een' mogelijke framing naast andere en dus zeker niet de enige betekenis die gegeven kan worden aan de ervaringen van deze meisjes. Bovendien komt uit de interviews naar voren dat seksueel geweld slechts een onderdeel is van een veelzijdig (levens)verhaal. Daarnaast vestigt de theorie van embodiment de aandacht op de **intersubjectieve** dimensie van seksueel geweld in een oorlogscontext. Het gaat dan om het blootleggen van het sociaal-cultureel voorgestructureerde discours dat een sterke invloed heeft op de manier waarop slachtoffers een maatschappelijke betekenis krijgen en in casu hun 'waarde verliezen' in een samenleving die geteisterd werd door oorlogsgeweld.

Ten slotte werpt de derde studie een licht op de betekenis en gevolgen van het krijgen van een kind na seksueel geweld. De bevroagde meisjes geven aan dat **kinderen die geboren worden uit seksueel geweld** vaak verstoten worden door de familie. Daarenboven versterkt het krijgen van een kind na seksueel geweld ook de andere onderzochte factoren die een impact hebben op het psychosociaal welbevinden, namelijk dagelijkse stressoren, traumatische ervaringen en stigmatisatie. Uit de interviews blijkt dat de meisjes zich als jonge moeders vaak in een heel moeilijke situatie bevinden. Tegelijk bevestigen ze dat zowel tijd als sociale steun de situatie ook op een positieve manier kunnen beïnvloeden. Zo blijkt dat jonge mama's langzaamaan en vaak met de hulp van anderen ook een manier vinden om wat ooit een risicofactor was voor hun psychosociaal welzijn tot een steun of protectieve factor om te vormen. Aanvankelijk is het voor hen vaak moeilijk om de kindjes zelf te aanvaarden, maar met de hulp van anderen en naarmate de verkrachting verder achter hen ligt worden deze kinderen vaak een bron van steun en vreugde.

Het onderzoek en zijn bevindingen moeten natuurlijk gezien worden tegen de achtergrond van volgende beperkingen.

Vooreerst gaat het in het kwantitatief onderzoek om een cross-sectioneel onderzoek. Terwijl dit soort onderzoek licht kan werpen op de complexe relaties en associaties tussen factoren, kon het onmogelijk uitsluitsel geven over de causaliteit van de verbanden. De kwalitatieve studies in dit onderzoek trachten een belangrijke bijdrage te leveren aan de trajecten die slachtoffers van seksueel geweld afleggen in de nasleep van seksueel geweld. Desalniettemin lijkt een longitudinaal onderzoek aangewezen om een beter inzicht te verwerven in de complexe processen die slachtoffers van seksueel

geweld doormaken in hun rehabilitatie na seksueel geweld in een oorlogssituatie als die van Oost-Congo.

Een tweede beperking van dit onderzoek is ongetwijfeld dat het onderzoek enkel gericht is op seksueel geweld waar meisjes en jonge vrouwen het slachtoffer van zijn. Studies rapporteren over het toenemende seksueel geweld met mannelijke slachtoffers. Alhoewel het belang van onderzoek met jongens en mannen geen verdere argumentatie vereist, werd er door tijds- en financiële beperkingen en omwille van het grote taboe dat nog rust op seksueel geweld bij jongens voor geopteerd dit onderzoek te beperken tot adolescente meisjes.

Doorheen het hele onderzoeksopzet werden procedures ingezet om de culturele validiteit van de metingen te bevorderen. Desalniettemin erkennen we de mogelijke beperkingen van het gebruik van westerse meetinstrumenten in niet-westerse contexten. Het valt niet uit te sluiten dat de complexe sociaal-culturele betekenis van de gemeten factoren niet altijd volledig gevat werd in dit onderzoek.

De bijdrage van dit doctoraatsonderzoek aan de literatuur creëert vervolgens ook mogelijkheden om suggesties te formuleren naar vervolgonderzoek.

Het overheersende discours over ‘verkrachting als oorlogswapen’ dreigt andere vormen van seksueel geweld in een oorlogscontext te overschaduwen. Dit doctoraatsonderzoek toont aan dat seksueel geweld in deze post-conflict context in verscheidene vormen voorkomt bij jonge slachtoffers. Het is mogelijk dat veel adolescente meisjes hun ervaring van seksueel geweld niet als verkrachting rapporteren omdat deze geweldplegingen door de socioculturele context soms als ‘normaal’ worden aanzien. Desalniettemin blijken vormen van seksueel geweld die niet gelabeld worden als verkrachting een grote psychologische impact te hebben. Van daaruit verdient het pleidooi om de focus van onderzoek uit te breiden naar seksueel geweld in een breder kader dan louter als oorlogswapen de nodige aandacht; op die manier kan de daadwerkelijke impact van seksueel geweld op het psychosociaal welzijn van adolescente slachtoffers verder worden geïdentificeerd.

Om verder inzicht te krijgen in de tijdsdimensie van het ecologisch model dat aan de basis lag van dit onderzoek, kan longitudinaal onderzoek een waardevolle aanvulling vormen. Dergelijke studies kunnen het begrip over de gevolgen van seksueel geweld in oorlogscontext op lange termijn vergroten. Een longitudinaal onderzoek met herhaalde metingen kan zorgen voor een betere identificatie van en inzicht in patronen van verandering en continuïteit. Daarnaast kan het bijdragen tot de verheldering van de

complexe interacties tussen verschillende factoren die het psychosociaal welzijn van adolescente slachtoffers beïnvloeden.

Dit onderzoek heeft als inzet om een bestaand ecologisch theoretisch kader verder uit te bouwen om zodoende inzicht te krijgen in de complexe psychische gevolgen van seksueel geweld op adolescente slachtoffers in oorlogssituaties. Dit resulteert in de formulering van een aantal aanbevelingen voor zowel praktijk als beleid. De resultaten van dit onderzoek inspireren vervolgens een aantal aanbevelingen voor de praktijk. Deze aanbevelingen kaderen worden gekaderd binnen het ecologische model dat aan de grondslag van dit onderzoek ligt. Vooreerst wordt op basis van de onderzoeksbevindingen een multisectoriële ondersteuning van slachtoffers van seksueel geweld gesuggereerd. Deze benadering houdt eerst en vooral een samenwerking in tussen verscheidene zorgverstrekkers binnen een post-conflict context die vanuit hun specifieke expertise op een collaboratieve manier ondersteuning bieden aan de adolescente slachtoffers. Op die manier wordt op een duurzame manier ondersteuning geboden die rekening houdt met andere factoren zoals dagelijkse stressoren of gezondheidsproblemen, die het psychosociaal welzijn van jonge slachtoffers van seksueel geweld kunnen beïnvloeden. Vervolgens wordt vanuit dit onderzoek een systemische benadering geadviseerd die vanuit een sterke psychotherapeutische expertise psychosociaal werkers in staat stelt om aan de slag te gaan met zowel individuen, familie als gemeenschappen om zodoende het psychosociaal welzijn van het slachtoffer en het omringende sociaalecologische systeem te verbeteren. Ten slotte inspireren de bevindingen een contextuele aanpak, die rekening houdt met de context waarin seksueel geweld en zijn gevolgen ingebed zijn. Zo is stelt een contextuele benadering psychosociaal werkers in staat om duurzame sociale verandering te bewerkstelligen door in te spelen op de verschillende sociaalecologische niveaus. Teneinde de kwaliteit van psychosociale zorg voor slachtoffers van seksueel geweld te verhogen, is daarnaast verder onderzoek naar de effectiviteit van psychosociale interventies in de regio noodzakelijk.

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